Only

PAGE 1 / 4 •

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. STRATEGIC PUBLIC PARTNERS LLC PAC (SPP-PAC) 815 Grandview Avenue ADDRESS (number and street) Suite 300 (Check if address is changed) Columbus 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ryan@sppgrp.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2021 C00499343 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ryan, Jessica, , , Type or Print Name of Treasurer Ryan, Jessica, , , [Electronically Filed] 80 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	aidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Can	e of didate		
	didate y Affiliatio	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	ıt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

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FFC F 4 /	Paying 02/2000)	Dogo 9
	Revised 02/2009)	Page 3
Write or Type Committ		2)
STRATEG	IC PUBLIC PARTNERS LLC PAC (SPP-PAC	(ز
6. Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
STRATEGIC PU	JBLIC PARTNERS LLC PAC (SPP-PAC)	
Mailing Address	815 GRANDVIEW AVE	
	SUITE 300	
	COLUMBUS OH 432	15
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	ords: Identify by name, address (phone number optional) and position of the person in Ryan, Jessica, , ,	n possession of committee
Full Name		
Mailing Address	815 Grandview Avenue	
	Suite 300	1
	Columbus OH 432	15
Title or Position	CITY STATE	ZIP CODE
	Telephone number 614	- 638 - 0130
	name and address (phone number optional) of the treasurer of the committee; and th nt (e.g., assistant treasurer).	e name and address of
Full Name R	Ryan, Jessica, , ,	
Mailing Address	815 Grandview Avenue	
-	Suite 300	
	Columbus OH 432	15 1
	CITY STATE	ZIP CODE
Title or Position	SITT	ZII OODL

Telephone number

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	poxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc. Huntington National Bank 141 S. High Street	
	Depository, etc. Huntington National Bank 141 S. High Street	
Name of Bank,	Depository, etc. Huntington National Bank 141 S. High Street	5
Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street	ZIP CODE
Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street Columbus OH 43215	
Name of Bank, Mailing Address	Depository, etc. Huntington National Bank 41 S. High Street Columbus OH 43215	
Name of Bank, Mailing Address	Depository, etc. Huntington National Bank 41 S. High Street Columbus OH 43215	
Name of Bank, Mailing Address	Depository, etc. Huntington National Bank 41 S. High Street Columbus CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street Columbus CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street Columbus CITY STATE Depository, etc.	