PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ohioans United Action Fund 225 E Broad Street ADDRESS (number and street) (Check if address is changed) Columbus 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sandy.theis@gmail.com (Check if address is changed) Optional Second E-Mail Address charshman@hcands.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00528869 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. Dotson, Matthew, , , Type or Print Name of Treasurer Dotson, Matthew, , , [Electronically Filed] 07 13 2020 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 Only

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

2/2009)	 Page 3
·	<u> </u>
Action Fund	
rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
<u> </u>	<u> </u>
	7/D 00D5
CITY STATE	ZIP CODE
Organization Affiliated Committee Joint Fundraising Representation	ative Leadership PAC Sponsor
tify by name, address (phone number optional) and position of the p	erson in possession of committee
Joseph, , ,	
225 E Broad Street	
. Columbus	,43215
CITY STATE	ZIP CODE
Telephone number	614 - 228 - 4526
address (phone number optional) of the treasurer of the committee; ssistant treasurer).	; and the name and address of
tthew, , ,	ı
1225 F Broad Street	
L Columbus	143345
	43215 ZIP CODE
CITT STATE	ZIP CODE
	CITY STATE Organization Affiliated Committee Joint Fundraising Representatify by name, address (phone number optional) and position of the poloseph, , , 225 E Broad Street Columbus OH CITY STATE Telephone number optional) of the treasurer of the committee address (phone number optional) of the treasurer of the committee assistant treasurer).

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, hol oxes or maintains funds. Depository, etc.	ds accounts, rents
safety deposit be	oxes or maintains funds. Depository, etc. Chase Bank	ds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. Chase Bank	ds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. Chase Bank	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Chase Bank 100 E Broad St	ds accounts, rents
safety deposit be Name of Bank,	Chase Bank 100 E Broad St Columbus CITY STATE	
safety deposit be Name of Bank, Mailing Address	Chase Bank 100 E Broad St Columbus CITY CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Chase Bank Columbus CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Chase Bank Columbus CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Chase Bank Columbus CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Chase Bank Columbus CITY STATE Depository, etc.	ZIP CODE