Only

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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. COMMUNITY BANKERS ASSOCIATION OF OHIO FEDERAL PAC (CBAO FED PAC) 8800 Lyra Drive ADDRESS (number and street) Suite 570 (Check if address is changed) COLUMBUS 43240 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ahbittinger@cbao.com (Check if address is changed) Optional Second E-Mail Address idifolco@cbao.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2007 C00302232 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. Bittinger, Aza H., , Mr., Type or Print Name of Treasurer Bittinger, Aza H., , Mr., [Electronically Filed] 03 2022 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

FF	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE	1 age 2
Candi	idate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candida		
Candida Party A	ate Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party	Committee:	(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 committee. (i.e., nonconnected committee)	segregated 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 F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Committees Participating in Joint Fundraiser	
	1. FEC ID number	
	2. FEC ID number C	
	3. FEC ID number	
	4.	

			l
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W	Irite or Type Committee Name		
(COMMUNITY BANK	KERS ASSOCIATION OF OHIO FEDERAL PAC (CBAC	O FED PAC)
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
IN	IDEPENDENT COMI	MUNITY BANKERS OF AMERICA POLITICAL ACTION CO	MMITTEE
L	Mailing Address	1615 L STREET, NW	
		SUITE 900 WASHINGTON DC 20036	
		CITY STATE ZI	P CODE
	Relationship: Connected	Organization 🗶 Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
' .	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
	Bittinger, A	.za H., , Mr.,	
	Mailing Address	8800 Lyra Drive	
		Suite 570	.
		Columbus OH 43240	
	Title or Position	CITY STATE ZII	CODE
	Treasurer	Telephone number	6 2238
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Bittinger, A of Treasurer	za H., , Mr.,	
	Mailing Address	8800 Lyra Drive	
		Suite 570	
		Columbus OH 43240 CITY STATE ZIF	P CODE
_	Title or Position Treasurer	Telephone number 614 - 840	

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Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1
Mailing Address		
walling Address		
	CITY STATE	ZIP CODE
Title or Position	GITT STATE	ZII GODE
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	iolas accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Heartland Bank ,430 North Hamilton Road	
safety deposit bo	oxes or maintains funds. Depository, etc. Heartland Bank ,430 North Hamilton Road	iolas accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Heartland Bank ,430 North Hamilton Road	
safety deposit be Name of Bank, I	Depository, etc. Heartland Bank 430 North Hamilton Road	
safety deposit be Name of Bank, I	Depository, etc. Heartland Bank 430 North Hamilton Road Columbus OH 4321	3
safety deposit be Name of Bank, I	Depository, etc. Heartland Bank 430 North Hamilton Road Columbus OH 4321	3
safety deposit be Name of Bank, I	Depository, etc. Heartland Bank 430 North Hamilton Road Columbus OH 4321	3 _ _ _ _ _ _ _ _
safety deposit be Name of Bank, I	Depository, etc. Heartland Bank 430 North Hamilton Road Columbus CITY STATE Depository, etc.	3 _ _ _ _ _ _ _ _
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Heartland Bank 430 North Hamilton Road Columbus CITY STATE Depository, etc.	3 _ _ _ _ _ _ _ _
Safety deposit be Name of Bank, I	Depository, etc. Heartland Bank 430 North Hamilton Road Columbus CITY STATE Depository, etc.	3 _ _ _ _ _ _ _ _

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____

	(h). Joint Fundraisi	ng Participant:		
3	1.		FEC ID number	C
A. FEC ID number C ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo COMMUNITY BANKERS ASSOCIATION OF OHIO FEDERAL PAC (CBAO FED PAC) Mailing Address SUITE 570 COLUMBUS COLUMBUS COLUMBUS COLUMBUS COLUMBUS COLUMBUS Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title Or Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, realety deposit boxes or maintains funds. ame of Bank, epository, etc.	2.		FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo COMMUNITY BANKERS ASSOCIATION OF OHIO FEDERAL PAC (CBAO FED PAC) Mailing Address 8800 LYRA DRIVE SUITE 570 COLUMBUS Pelationship: CITY ▲ STATE ▲ ZIP CODE ▲ Esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	3.		FEC ID number	С
Mailing Address Sutte 570	4.		FEC ID number	С
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ ** Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC s esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.	=	_		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ ** Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC s esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.				
Relationship: CITY A STATE A ZIP CODE A X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC s esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION V CITY A STATE A ZIP CODE A Telephone Number	Mailing Address	8800 LYRA DRIVE		
Relationship: CITY A STATE A ZIP CODE A ZIP CODE A STATE A ZIP CODE A TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number		SUITE 570		
Esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — optional, and the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. Telephone Number — optional, and the committee deposits funds, holds accounts, relately deposit boxes or maintains funds.		COLUMBUS	, , OH	43240
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Starts or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	esignated Agent: Identi	y by name, address (phone number – optional)		
Telephone Number		fy by name, address (phone number – optional)		
Telephone Number	Full Name	fy by name, address (phone number – optional)		
Telephone Number	Full Name	fy by name, address (phone number – optional)		
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relatety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name	fy by name, address (phone number – optional)		
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name	CITY	STATE A	ZIP CODE A
Mailing Address	Full Name	CITY A	1	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	
<u> </u>	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, repository, etc.	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	