Only

## STATEMENT OF

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**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. McDonald Hopkins LLC PAC 600 Superior Avenue Suite 2100 ADDRESS (number and street) (Check if address is changed) Cleveland 44114 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address pac@mcdonaldhopkins.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2018 C00394460 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. Kall, David, M,, Type or Print Name of Treasurer Kall, David, M,, [Electronically Filed] 30 2018 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 <b>Fo</b> r	<b>m 1</b> (Revised 02/2009)	Page <b>2</b>	
TYPE OF CO	OMMITTEE 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. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affiliation	Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Com	mittee:  (National, State	(Democratic,	
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party	
Political A	ction Committee (PAC):		
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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	raising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political	
	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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
Comi	mittees Participating in Joint Fundraiser		
1.	FEC ID number		
0	FEC ID number		
2.			
2. 3.	FEC ID number		

FFC Form 1 (Deviced 03/2000)	Dogo 2
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
McDonald Hopkins LLC PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	PAC Sporisor
McDonald Hopkins LLC	
600 Superior Avenue Suite 2100  Mailing Address	
Cleveland OH 44114	
CITY STATE ZIF	P CODE
Relationship:   Connected Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess books and records.	ssion of committee
Full Name	
Mailing Address	
Title or Position CITY STATE ZIF	P CODE
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Kall, David, M, ,	1
of Treasurer	
Mailing Address [600 Superior Avenue]	
Cleveland OH 44114	
Title or Position	CODE
Treasurer	3 – <u>5400</u>

FFL. FOR	n 1 (Daviced 0.2/2000)	Dogo A
1201011	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits fund	s, holds accounts, rents
Name of Bank,	Depository, etc.	
	The Huntington National Bank	
Mailing Address	7 Easton Oval	
	Columbus OH	3219
	Columbus OH 4	3219 ZIP CODE
Name of Bank,	CITY STATE	
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank, Mailing Address	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This amendment is being filed to disclose an additional PAC email address. Please update your records accordingly.

Form/Schedule: Transaction ID: