PAGE 1 / 12 • STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE **471 EAST BROAD STREET** ADDRESS (number and street) **SUITE 1510** (Check if address is changed) **COLUMBUS** 43215 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ORP@BROGHAMERLLC.COM is changed) Optional Second E-Mail Address FEC@OHIOGOP.ORG COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.OHIOGOP.ORG (Check if address is changed) DATE 2025 C00162339 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. Type or Print Name of Treasurer REDDEN, DIANE, CUNNINGHAM, REDDEN, DIANE, CUNNINGHAM, , Date 06 20 2025 Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-054-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate 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. (Con information below.)	mplete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate Preside	State ent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a STA REP	emocratic, epublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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 s 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candi	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1	

	Write	or	Type	Committee	Name
--	-------	----	------	-----------	------

	REPUBLICAN P	ARTY STATE CENTRAL	& FXECUTIVE	COMMITTEE
OI IIO	NEFUDEIGANE	313 3 4 6 18 13 15		

6.	-	rganization, Affiliated Commi	ttee, Joint Fundraisin	g Representa	ative, or Lead	lership PAC Sp	onsor
	MAX MILLER VICTO	PKY 					
	Mailing Address	824 S MILLEDGE AVE STE 10	1				
		ATHENS		GA	3060	05	
		CITY	A	STAT	E 🛦	ZIP CODE	A
	Relationship: Connected	Organization Affiliated Orga	nization X Joint Fur	ndraising Repr	esentative	Leadership P	AC Sponsor
	Custodian of Records: Ident	ify by name, address (phone nu	mber optional) and po	osition of the	person in poss	ession of commi	ittee
	books and records.		, , ,	·	•		
	BROGHAN	IER, KEVIN, , ,					
	Full Name						
	Mailing Address	471 EAST BROAD STREET					
		SUITE 1510					, , , , ,
		COLUMBUS		OF	432	15	
		CITY	A	STAT		ZIP CODE	A
	Title or Position ▼						
	COMPLIANCE DIRECTOR		Telepho	one number	614	228	2481
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number opassistant treasurer).	otional) of the treasure	r of the comr	mittee; and the	name and add	dress of
	Full Name REDDEN,	DIANE, CUNNINGHAM, ,					
	of Treasurer						
	Mailing Address	471 EAST BROAD STREET					
		SUITE 1510					
		COLUMBUS			H 432	15	
		CITY	•	STAT	E 🛦	ZIP CODE	A
	Title or Position ▼						
	TREASURER		Telepho	one number	614	591	4852

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	JAMES, GARY, , , 471 EAST BROAD STREET SUITE 1510 COLUMBUS CITY A	OH OTATE A	43215 ZIP CODE A
Title or Position ▼		STATE ▲	ZIP CODE A
ASSISTANT TRE	ASURER Telephone	number	614 - 412 - 8704
	Depositories: List all banks or other depositories in which the comres or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	HUNTINGTON NATIONAL BANK 17 S HIGH STREET		
	COLUMBUS	OH	43215
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi		FFO ID :- I	C
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
PROTECT THE HOL	JSE 2024		
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi	by by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and supposite states are also as a supposite states.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, WELL	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

1.			FEC ID	number	C
2.		<u> </u>	FEC ID	number	C
3.			FEC ID	number	С
4.			 FEC ID	number	С
ame of Any Connecte	_	iated Committee, Joint	Fundraising Rep	presentative	e, or Leadership PAC Spor
<u> </u>					
	. 924 C MILL EDGE	- ^)/[
Mailing Address	824 S MILLEDGE	= AVE			
	STE 101				
			1	GA	30605
	ATHENS				
	ed Organization	CITY Affiliated Committee X (phone number – option	Joint Fundraising	STATE A	ZIP CODE ▲ ative Leadership PAC S
esignated Agent: Ident	ed Organization	Affiliated Committee X			
Connect	ed Organization	Affiliated Committee X			
esignated Agent: Ident	ed Organization	Affiliated Committee X			
esignated Agent: Ident	ed Organization	Affiliated Committee X	al)	g Representa	Leadership PAC S
esignated Agent: Ident	ed Organization	Affiliated Committee X	al)		

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
GROW THE MAJOR	:ITY 		
Mailing Address	228 S WASHINGTON ST STE 115		
Mailing Address			
	ALEXANDRIA	ı VA ı	22314
Deletionship			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC S
	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	CITY A	STATE A	ZIP CODE A
esignated Agent: Identing Full Name	CITY A		
esignated Agent: Identing Full Name	CITY A	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	CITY ▲ CITY ▲ Pries: List all banks or other depositories in which aintains funds. MARSHALL BANK	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ Pries: List all banks or other depositories in which aintains funds. MARSHALL BANK	STATE A Telephone Number	ZIP CODE A

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

(h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TEAM MORENO	_		
Mailing Address	P.O. BOX 340797		
	COLUMBUS	OH	43234
		STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	ed Organization Affiliated Committee X Jo	int Fundraising Representation	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X Jo ify by name, address (phone number – optional)		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or no process of the process of	ed Organization	STATE A Telephone Number	ZIP CODE A

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Spons
TRUMP 47 COMMIT	TEE 		
Mailing Address	P.O. BOX 509		
Ç			
	ARLINGTON	VA I	22216
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
rielationship.			
Connecte Designated Agent: Identif		Joint Fundraising Represen	tative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee		tative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee X by pame, address (phone number – optional		Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee X by pame, address (phone number – optional	i)	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X fy by name, address (phone number – optional states) CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Y Y Y CITY A Pries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	Affiliated Committee X Y Y Y CITY A Pries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposited afety deposit boxes or make the state of Bank,	Affiliated Committee X Y Y Y CITY A Pries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee X Y Y Y CITY A Pries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee X Y Y Y CITY A Pries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A

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

5(g) or (h	n). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N a	ame of Any Connected NRSC VICTORY	Organization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Sponsor
1				
l				
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
		ALEXANDRIA	VA VA	22314
	Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
8. D e	esignated Agent: Identify	by name, address (phone number - option	al)	
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
sa Na	anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc. Mailing Address	ries: List all banks or other depositories in vintains funds.	which the committee depos	sits funds, holds accounts, rents
		CITY ▲	STATE A	ZIP CODE ▲

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

Page	of	12
raue	OI.	

h). Joint Fundraisi	ig i ai tioipaitti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lama of Any Connector	Organization, Affiliated Committee, Joint Fu	ndraining Danracantativ	o or Londovokin DAC Coon
TEAM HUSTED	Organization, Anniated Committee, John Ft	nuraising nepresentativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 6290		
	COLUMBUS	OH	43206
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee X	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	city by name, address (phone number – optional states of the control of the contr	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	city by name, address (phone number – optional states of the control of the contr	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A

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

Dogo	of	12	
Page	ot		

	-		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spon
Mailing Address	PO B0X 26141		
	ALEXANDRIA	VA	22313
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Representa	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A