Only

## STATEMENT OF

PAGE 1 / 4

**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. Godfrey For Congress PO Box 45016 ADDRESS (number and street) (Check if address is changed) Westlake 44145 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS contact@godfreyforcongress.com (Check if address is changed) Optional Second E-Mail Address godfreap@miamioh.edu COMMITTEE'S WEB PAGE ADDRESS (URL) www.godfreyforcongress.com (Check if address is changed) DATE 05 2021 C00639567 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. Godfrey, Kristen, , , Type or Print Name of Treasurer Godfrey, Kristen, , , [Electronically Filed] 04 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 • 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. (Con information below.)	nplete the candidate				
Nam Cand	e of didate	Godfrey, Aaron, Paul, ,					
	didate / Affiliati	on DEM Office Sought: <b>X</b> House Senate President	State OH District 16				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	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.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC <b>Form 1</b> (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Na		
Godfrey For C	ongress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in	possession of committee
	, Aaron, P, ,	
Full Name	1515 Westford Cir	
Mailing Address	101	
	Westlake OH 4414	5
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name Godfrey, of Treasurer	Kristen, , ,	
Mailing Address	253 Brittany Ln	
	Elyria OH 44039	ZIP CODE
Title or Position Treasurer		

FEC Form	1 (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	Godfrey, Aaron, , ,					
Mailing Address	1515 Westford Cir					
	101					
	Westlake OH 44145  CITY STATE Z	P CODE				
Title or Position Assistant Treasu	rer 					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  PNC Bank						
Mailing Address	6565 Ridge Rd					
	Parma OH 44129					
	CITY STATE Z	IP CODE				
	epository, etc.					
Name of Bank, D						
Name of Bank, [						
Name of Bank, E						