Only

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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. M/I Homes, Inc. Political Action Committee 4131 Worth Avenue ADDRESS (number and street) Suite 500 (Check if address is changed) Columbus 43219 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ivacca@mihomes.com (Check if address is changed) Optional Second E-Mail Address amhunker@mihomes.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2020 C00418830 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. Vacca, Joanne, , , Type or Print Name of Treasurer Vacca, Joanne,,, [Electronically Filed] 07 07 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

Local 202-694-1100

| FEC Form | 1 (Revised 02/2009) | Page 2 |
|--------------------------------|---|-------------------------|
| TYPE OF COM | | |
| (a) T | his committee is a principal campaign committee. (Complete the candidate information below. | |
| | his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliation | Office Sought: House Senate President | State |
| (c) T | his committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Comm | ittee: (National, State | (Democratic, |
| (d) T | his committee is a or subordinate) committee of the | Republican, etc.) Party |
| Political Acti | on Committee (PAC): | |
| (e) x T | his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | 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. | |
| | his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (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 Fundrai | sing Representative: | |
| _ | is committee collects contributions, pays fundraising expenses and disburses net proceeds for to | vo or more political |
| CC | ommittees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| | is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| Commit | tees Participating in Joint Fundraiser | |
| 1 | FEC ID number | |
| 2 | FEC ID number | |
| 3 | | |
| 4. | | |

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|---|--|--------------------------------------|
| Write or Type Committee Name | | 3 |
| M/I Homes. Inc | . Political Action Committee | |
| <u> </u> | Organization, Affiliated Committee, Joint Fundraising Representa | ntive, or Leadership PAC Sponsor |
| ,M/I Homes, Inc. | | |
| | | |
| Mailing Address | 4131 Worth Avenue | |
| | Suite 500 Columbus OH | 43219 |
| | CITY STAT | ZIP CODE |
| Relationship: x Connected | d Organization Affiliated Committee Joint Fundraising Repres | sentative Leadership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the | he person in possession of committee |
| Vacca, Joa | anne, , , | |
| Full Name | 4131 Worth Avenue | |
| Mailing Address | Suite 500 | |
| | Columbus | 43219 |
| | Columbus | |
| Title or Position | CITY STATE | ZIP CODE |
| Assistant Treasurer | Telephone number | 614 - 418 - 8243 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the commi assistant treasurer). | ittee; and the name and address of |
| Full Name Hunker, Ar | nn Marie, , , | |
| Mailing Address | 4131 Worth Avenue | |
| J | Suite 420 | |
| | Columbus | 43219 |
| T | CITY STATE | ZIP CODE |
| Title or Position Treasurer & Director | Telephone number | 614 - 418 - 8225 |

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|---|---|----------------|--|--|--|
| | | | | | |
| Full Name of Designated Agent | Mason, J. Thomas, , , | | | | |
| Mailing Address | 3 Easton Oval | | | | |
| | Suite 500 | | | | |
| | Columbus OH 43219 CITY STATE | ZIP CODE | | | |
| Title or Position Secretary & Dire | ector | 418 - 8014 | | | |
| 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. JP Morgan Chase Bank | | | | | |
| | | | | | |
| | | | | | |
| Mailing Address | JP Morgan Chase Bank | | | | |
| | JP Morgan Chase Bank P.O. Box 260180 | 180 | | | |
| | JP Morgan Chase Bank P.O. Box 260180 Ohio/West Virginia Markets | 180 | | | |
| | JP Morgan Chase Bank P.O. Box 260180 Ohio/West Virginia Markets Baton Rouge CITY STATE | | | | |
| Mailing Address | JP Morgan Chase Bank P.O. Box 260180 Ohio/West Virginia Markets Baton Rouge CITY STATE | | | | |
| Mailing Address | JP Morgan Chase Bank P.O. Box 260180 Ohio/West Virginia Markets Baton Rouge CITY STATE | | | | |
| Mailing Address Name of Bank, D | JP Morgan Chase Bank P.O. Box 260180 Ohio/West Virginia Markets Baton Rouge CITY STATE | | | | |
| Mailing Address Name of Bank, D | JP Morgan Chase Bank P.O. Box 260180 Ohio/West Virginia Markets Baton Rouge CITY STATE | | | | |