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. truex4ohio 155 East Sunset Dr ADDRESS (number and street) Apt 216 (Check if address is changed) Rittman 44270 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dontruex4ohio@outlook.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00739318 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. Truex, Donald, Daryl, Mr, Truex Type or Print Name of Treasurer Truex, Donald, Daryl, Mr, Truex [Electronically Filed] 02 19 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 <b>2</b>                       |
|--------------------------------|--|-------------------------------------|
| TYPE OF COM                    |  |                                     |
| Candidate C                    | Committee:   |                                     |
| (a) <b>x</b> T                 | This committee is a principal campaign committee. (Complete the candidate information below.)  |                                     |
|                                | This committee is an authorized committee, and is NOT a principal campaign committee. (Comp nformation below.)   | lete the candidate                  |
| Name of<br>Candidate           | Truex, Donald, Daryl, Mr,  |                                     |
| Candidate<br>Party Affiliation | REP Office Sought: X House Senate President  | State OH                            |
|                                |  | District 13                         |
| (c) T                          | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                     |
| Name of<br>Candidate           |  |                                     |
| Party Comm                     |  |                                     |
| (d) T                          | · · · · · · · · · · · · · · · · · · ·  | Democratic, epublican, etc.) Party. |
| Political Acti                 | ion Committee (PAC):   |                                     |
| (e) T                          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn  | ected 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.  |                                     |
|                                | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)   | regated 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 Fundra                   | ising Representative:  |                                     |
|                                | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                   |
|                                | his committee collects contributions, pays fundraising expenses and disburses net proceeds for two ommittees/organizations, none of which is an authorized committee of a federal candidate.           | or more political                   |
| Commit                         | ttees Participating in Joint Fundraiser  |                                     |
| 1                              | FEC ID number  |                                     |
| 2.                             | FEC ID number C  |                                     |
| 3                              | FEC ID number  |                                     |
| 4.                             | FEC ID number  |                                     |

| FEC <b>Form 1</b> (Revised                                      | d 02/2009)  | Page <b>3</b>             |
|---|---|---------------------------|
| Write or Type Committee Nar                                     |   |                           |
| truex4ohio  |   |                           |
| 6. Name of Any Connected  | l Organization, Affiliated Committee, Joint Fundraising Representative, or Lea  | adership PAC Sponsor      |
| NONE  |   |                           |
|   |   |                           |
| Mailing Address   |   |                           |
|   |   |                           |
|   |   |                           |
|   | CITY STATE  | ZIP CODE                  |
| Relationship: Connect   | ted Organization Affiliated Committee Joint Fundraising Representative  | Leadership PAC Sponsor    |
| Custodian of Records: Id books and records.                     | lentify by name, address (phone number optional) and position of the person i   | n possession of committee |
|   | Oonald, Daryl, Mr, Truex  |                           |
| Full Name   | 155 East Sunset Dr  |                           |
| Mailing Address   | Apt 216   |                           |
|   | Rittman OH 442  | 270                       |
| Title or Position   | CITY STATE  | ZIP CODE                  |
| Candidate   | Telephone number  | - 347 - 2684              |
| 3. <b>Treasurer:</b> List the name a any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee; and the committee and the co | ne name and address of    |
| Full Name Truex, D of Treasurer                                 | onald, Daryl, Mr, Truex   |                           |
| Mailing Address   | 155 East Sunset Dr  |                           |
|   | Apt 216   |                           |
|   | Rittman OH 442 CITY STATE   | ZIP CODE                  |
| Title or Position Candidate                                     |   | 2684                      |

| Full Name of Designated Tru Agent                                  | uex, Donald, Daryl, Mr, 44270   |                       |
|--|---|-----------------------|
| Mailing Address  | 155 East Sunset Dr  |                       |
|  | Apt 216   |                       |
|  | Rittman OH 442  | 70                    |
|  | CITY STATE  | ZIP CODE              |
| Title or Position<br>Candidate                                     |   | 347                   |
| Banks or Other Dep   | positories: List all banks or other depositories in which the committee deposits funds, I | holds accounts, rents |
| Name of Bank, Depos  | or maintains funds.   |                       |
| Name of Bank, Depos  |   |                       |
| Name of Bank, Depos  | sitory, etc.  |                       |
| Name of Bank, Depos  | untington   |                       |
| Name of Bank, Depos  | untington   | B1                    |
| Name of Bank, Depos  | untington  129 High Street  | B1                    |
| Name of Bank, Depose    High                                       | untington  129 High Street  Wadsworth  CITY  STATE  |                       |
| Name of Bank, Depose    High                                       | untington  129 High Street  Wadsworth  CITY  STATE  |                       |
| Name of Bank, Deposition Mailing Address  Name of Bank, Deposition | untington  129 High Street  Wadsworth  CITY  STATE  |                       |
| Name of Bank, Deposition Mailing Address  Name of Bank, Deposition | untington  129 High Street  Wadsworth  CITY  STATE  |                       |
| Name of Bank, Depos  | untington  129 High Street  Wadsworth  CITY  STATE  |                       |
| Name of Bank, Deposition Mailing Address  Name of Bank, Deposition | untington  129 High Street  Wadsworth  CITY  STATE  |                       |