FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1  | ORGANIZATION  |                     |
|---|---|---------------------|
|   | (See instructions)  | Office use only     |
| NAME OF COMMITTEE (in the community of the community | full) (Check if name Example: If typying, type over the lines   | 12FE4M5             |
| Roetzel & And   | ress Co, LPA FSL PAC  |                     |
|   |   |                     |
| ADDRESS (number and s   | street) 222 S. Main Street  |                     |
| (Check if address   |   |                     |
| is changed)   | Akron   | OH 44308 - 1        |
|   | CITY▲   | STATE▲ ZIP CODE ▲   |
| COMMITTEE'S E-MAI   | L ADDRESS (Please provide only one e-mail address)  |                     |
| (Check if address is changed)   | ladkins@ralaw.com   |                     |
| o entangee,   |   |                     |
| (Check if address is changed)  2. DATE  M M M O 7   |   |                     |
| 3. FEC IDENTIFICA   | TION NUMBER C C00228379   | •                   |
| 4. IS THIS STATEM   | ENT X NEW (N) OR AMENDED (A)  |                     |
| I certify that I have examine Type or Print Name of   | ned this Statement and to the best of my knowledge and belief it is true, corre  Treasurer                                | ct and complete     |
| Signature of Treasurer  | Electronically Filed by Lewis Adkins  | Date 09 / 30 / YYYY |
| NOTE: Submission of fal   | se, erroneous, or incomplete information may subject the person signing this  ANY CHANGE IN INFORMATION SHOULD BE REPORTE |                     |
| Office<br>Use<br>Only   | For further informat Federal Election Com Toll Free 800-424-95  | mission FEC FORM 1  |

|    | F   | FEC F               | Form 1 (Revised 02/2009)  | Page 2                                  |  |  |  |  |  |  |
|----|---|---------------------|---|---|--|--|--|--|--|--|
| 5. |   |                     | DMMITTEE (Check One) 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<br>Candi   |                     |   |   |  |  |  |  |  |  |
|    | Candi<br>Party  | idate<br>Affiliatio | on Office House Senate President  | State District                          |  |  |  |  |  |  |
|    | (c)   |                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |  |  |  |  |  |  |
|    | Name<br>Candi   |                     |   |   |  |  |  |  |  |  |
|    | Party   | y Committee:        |   |   |  |  |  |  |  |  |
|    | (d)   |                     | This committee is a (National, State (or subordinate) committee of the  | (Democratic,<br>Republican,etc.) Party. |  |  |  |  |  |  |
|    | Political Action Committee (PAC):   |                     |   |   |  |  |  |  |  |  |
|    | (e)   | X                   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected                                    | ed organization is a:                   |  |  |  |  |  |  |
|    |   |                     | X Corporation Corporation w/o Capital Stock La  | bor Organization                        |  |  |  |  |  |  |
|    |   |                     | Membership Organization Trade Association Co  | poperative                              |  |  |  |  |  |  |
|    |   |                     | X In addition, this committee is a Lobbyist/Registrant PAC.   |   |  |  |  |  |  |  |
|    | (f)   |                     | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | d 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 F   | Fundra              | ising Representative:   |   |  |  |  |  |  |  |
|    | Joint Fundraising Representative:  (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |                     |   |   |  |  |  |  |  |  |
|    |   |                     |   |   |  |  |  |  |  |  |
|    |   | Com                 | mittees Participating in Joint Fundraiser   |   |  |  |  |  |  |  |
|    |   |                     | 1. FEC ID number C  |   |  |  |  |  |  |  |
|    |   |                     | 2. FEC ID number  |   |  |  |  |  |  |  |
|    |   |                     | 3. FEC ID number  |   |  |  |  |  |  |  |
|    |   |                     | FEC ID number C   |   |  |  |  |  |  |  |

| Write or Type Committee Name   |   |   |  |
|--|---|---|--|
| or 13po committo riamo   |   |   |  |
| Roetzel & Andress Co, I  | .PA FSL PAC   |   |  |
| 6. Name of Any Connected Org   | ganization, Affiliated Committee, Joint Fundrais  | ing Representative, or Lead                                   | ership PAC Sponsor                           |
| Roetzel & Andress Co, LI   | PA FSL PAC  |   |  |
|  |   |   |  |
| Mailing Address  | 222 S. Main Street  |   |  |
|  |   |   |  |
|  | Akron   | QH]   | 44308   _ [                                  |
|  | CITY▲   | STATE A   | ZIP CODE                                     |
| Relationship:  |   |   |  |
| X Connected Organization   | Affiliated Committee Joint Fun  | ndraising Representative                                      | Leadership PAC Sponsor                       |
| 7. Custodian of Records: Ide possession of Committee  Full Name                        |   | optional), and position of t                                  | he person in                                 |
| Mailing Address  | 1375 E. Ninth Street  |   |  |
|  | One Cleveland Center  |   |  |
|  |   |   |  |
|  | Cleveland   | OH  | 44114  |
| Title or Position ▼  Treasurer   | CITY A  | STATE Stelephone number 216                                   | ZIP CODE 1<br>- 615 - 4842                   |
| Treasurer  8. Treasurer: List the name a   | CITY A  Tand address (phone number optional) of the designated agent (e.g., assistant treasurer)  | STATE  Stephone number 216  The treasurer of the comm         | ZIP CODE 14<br>- 615 - 4842                  |
| 8. Treasurer: List the name a name and address of any Full Name                        | CITY A  Tand address (phone number optional) of the designated agent (e.g., assistant treasurer)  | STATE  Stephone number 216  The treasurer of the comm         | ZIP CODE 14<br>- 615 - 4842                  |
| 8. Treasurer: List the name a name and address of any  Full Name of Treasurer  Lewis A | CITY A  Tand address (phone number optional) of the designated agent (e.g., assistant treasurer)  Adkins  | STATE  Stephone number 216  The treasurer of the comm         | ZIP CODE 14<br>- 615 - 4842                  |
| 8. Treasurer: List the name a name and address of any  Full Name of Treasurer  Lewis A | CITY A  and address (phone number optional) of the designated agent (e.g., assistant treasurer)  Adkins  1375 E. Ninth Street                       | STATE  Stephone number 216  The treasurer of the comm         | ZIP CODE 14<br>- 615 - 4842                  |
| 8. Treasurer: List the name a name and address of any  Full Name of Treasurer  Lewis A | CITY A  and address (phone number optional) of the designated agent (e.g., assistant treasurer)  Adkins  1375 E. Ninth Street  One Cleveland Center | STATE  Stelephone number 216  The treasurer of the community. | ZIP CODE 4<br>- 615 - 4842<br>ittee; and the |

| FEC <b>Form</b>                     | 1 (Revised 02  | 2/2009)                                | Page <b>4</b>   |            |  |  |
|-------------------------------------|--|--|-----------------|------------|--|--|
| Full Name of<br>Designated<br>Agent | _  | Lewis Adkins                           |                 |            |  |  |
| Mailing Addre                       | ess .  | 1375 E. Ninth Street                   |                 |            |  |  |
|                                     |  | One Cleveland Center                   |                 |            |  |  |
|                                     |  | Cleveland                              | OH              | 44114 –    |  |  |
| Title or Position                   | <b>∀</b>   | CITY A                                 | STATE A         | ZIP CODE A |  |  |
|                                     | Treasurer  | Tel                                    | ephone number   | 615        |  |  |
| safety deposit b                    | anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds.  ame of Bank, Depository, etc. |  |                 |            |  |  |
|                                     |  | gan Chase Bank, N.A.<br>50 S. Main St. |                 |            |  |  |
| Mailing Address                     | 5  |  |                 |            |  |  |
|                                     |  |  |                 |            |  |  |
|                                     |  | Akron                                  | OH              | 44308   _  |  |  |
|                                     |  | CITY 🛕                                 | STATE <b>△</b>  | ZIP CODE 🛕 |  |  |
| Name of Bank,                       | Depository, etc  |  |                 |            |  |  |
|                                     |  |  |                 |            |  |  |
| Mailing Address                     | 5  |  |                 |            |  |  |
|                                     |  |  |                 |            |  |  |
|                                     |  |  |                 |            |  |  |
|                                     |  | CITY <b>△</b>                          | STATE. <b>△</b> | ZIP CODE 🛕 |  |  |