

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

Ohio Council for Home Care and Hospice Political Action Committee

ADDRESS (number and street)  (Check if address  
is changed)

1105 Schrock Road

Suite 120

Columbus

OH

43229

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

sean@ochch.org

Optional Second E-Mail Address

lisa@ochch.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

M	M	/	D	D	/	Y	Y	Y	Y
03			31			20	24		

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
03			31			20	24		

3. FEC IDENTIFICATION NUMBER ►

C C00874818

4. 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 Welch, Sean, C.,

Signature of Treasurer

Welch, Sean, C.,

Date

M	M	/	D	D	/	Y	Y	Y	Y
04			01			20	24		

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE:

**Candidate 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 of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

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  (National, State or subordinate) committee of the  (Democratic, Republican, 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 segregated fund or party committee. (i.e., nonconnected committee)

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 for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j)  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.

Committees Participating in Joint Fundraiser

1.

2.

C

C

Write or Type Committee Name

**Ohio Council for Home Care and Hospice Political Action Committee****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Ohio Council for Home Care and Hospice

Mailing Address

1105 Schrock Road

Suite 120

Columbus

OH

43229

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Welch, Sean, C, ,

Mailing Address

1105 Schrock Road

Suite 120

Columbus

OH

43229

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

614 - 885 - 0434

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Welch, Sean, C, ,

Mailing Address

1105 Schrock Road

Suite 120

Columbus

OH

43229

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

614 - 885 - 0434

Full Name of Designated Agent	Von Lehmden, Lisa, , ,		
Mailing Address	1105 Schrock Road		
	Suite120		
	Columbus	OH	43229
			-
		CITY ▲	STATE ▲
			ZIP CODE ▲
Title or Position ▼			
Assistant Treasurer	Telephone number		
	614	-	885
		-	0434

9. **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.

Huntington National Bank			
Mailing Address	17 S. High Street		
	Columbus	OH	43215
			-
		CITY ▲	STATE ▲
			ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address			
		CITY ▲	STATE ▲
			ZIP CODE ▲

: 97 A=G7 9 @ B9 CI G'H9 LH'F9 @ H98 HC'5 F9 DCF H'G7 <981 @ CF' H9 A=N5 H-CB

**Form/Schedule:** F1N

**Transaction ID :**

Our trade association also has as a state PAC registered with the Ohio Secretary of State. I assumed I did not have to list that as an affiliate committee in this filing. Sincerely, Sean Welch

**Form/Schedule:**

**Transaction ID:**