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STATEMENT OF **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. Portage County Young Democrats 1290 Denise Dr. ADDRESS (number and street) (Check if address is changed) Kent 44240 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@portageyd.org (Check if address is changed) Optional Second E-Mail Address ∣anarzişi@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.portageyd.org (Check if address is changed) DATE 04 2021 C00771501 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. Narzisi, Ashton, C., Ms., Type or Print Name of Treasurer Narzisi, Ashton, C., Ms., [Electronically Filed] 03 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 Only Local 202-694-1100

|             | FEC Fo                 | rm 1 (Revised 02/2009)   | Page 2                                |  |  |  |
|-------------|------------------------|--|---------------------------------------|--|--|--|
|             |                        | OMMITTEE   |                                       |  |  |  |
| Car         | andidate 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. (Compleinformation below.)   | ete the candidate                     |  |  |  |
| Nam<br>Cand | e of<br>didate         |  |                                       |  |  |  |
|             | didate<br>y Affiliatio | Office Sought: House Senate President  | State                                 |  |  |  |
| (c)         |                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                       |  |  |  |
| Nam<br>Cand | e of<br>didate         |  |                                       |  |  |  |
| Par         | Party Committee:       |  |                                       |  |  |  |
| (d)         |                        |  | emocratic,<br>epublican, etc.) Party. |  |  |  |
| Poli        | itical A               | ction Committee (PAC):   |                                       |  |  |  |
| (e)         |                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)  | ected organization is a               |  |  |  |
|             |                        | Corporation Wo Capital Stock   | _abor 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 segrecommittee. (i.e., nonconnected committee)  | egated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                     |  |  |  |
| (h)         |                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                     |  |  |  |
|             | Com                    | mittees Participating in Joint Fundraiser  |                                       |  |  |  |
|             |                        |  |                                       |  |  |  |
|             | 1.                     |  |                                       |  |  |  |
|             | 2.                     | FEC ID number  |                                       |  |  |  |
|             | 3.                     | FEC ID number  |                                       |  |  |  |
|             | 4.                     | FEC ID number C  |                                       |  |  |  |

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|--|--|-------------------------------------|
| Write or Type Committee Na                                   |  | 3.1                                 |
| Portage Coun   | ty Young Democrats   |                                     |
|  | d Organization, Affiliated Committee, Joint Fundraising Representat                            | ive, or Leadership PAC Sponsor      |
| NONE   |  |                                     |
|  | <u> </u>   | <u> </u>                            |
|  |  |                                     |
| Mailing Address  |  |                                     |
|  |  |                                     |
|  | CITY STATE   | ZIP CODE                            |
| Relationship: Connec   | eted Organization Affiliated Committee Joint Fundraising Represe                               | entative Leadership PAC Sponsor     |
| . Custodian of Records: lo books and records.                | dentify by name, address (phone number optional) and position of th                            | e person in possession of committee |
|  | Ashton, C., Ms.,   |                                     |
| Full Name  | 630 Eastwood Ave.  |                                     |
| Mailing Address  |  |                                     |
|  | Tallmadge , OH   | , 44278                             |
|  |  |                                     |
| Title or Position  | CITY STATE   | ZIP CODE                            |
| Treasurer  | Telephone number   | 330 - 714 - 8227                    |
| 3. <b>Treasurer:</b> List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the commit<br>., assistant treasurer). | tee; and the name and address of    |
| Full Name Narzisi,   | Ashton, C., Ms.,   | ı                                   |
| of Treasurer   | 630 Eastwood Ave.  |                                     |
| Mailing Address  | COO LASIMOOD AVC.  |                                     |
|  |  |                                     |
|  | Tallmadge  | 44278                               |
| Title or Position Treasurer                                  | CITY STATE  Telephone number   | ZIP CODE    330  -  714  -  8227    |
|  |  |                                     |

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|--|---|----------------|--|--|--|--|
|  |   |                |  |  |  |  |
| Full Name of<br>Designated<br>Agent  | Clevenger-Morris, Christopher, E., Mr., |                |  |  |  |  |
| Mailing Address  | 1290 Denise Dr.                         |                |  |  |  |  |
|  | Kent OH 44240                           | ZIP CODE       |  |  |  |  |
| Title or Position President  |   | 509   -   2993 |  |  |  |  |
| <ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ol> |   |                |  |  |  |  |
|  | Huntington Bank  17 South High St.      |                |  |  |  |  |
| Mailing Address  |   |                |  |  |  |  |
|  | Columbus OH 43215                       |                |  |  |  |  |
|  | CITY STATE                              | ZIP CODE       |  |  |  |  |
| Name of Bank, [  | Depository, etc.                        |                |  |  |  |  |
|  |   |                |  |  |  |  |
| Mailing Address  |   |                |  |  |  |  |
|  |   |                |  |  |  |  |
|  |   |                |  |  |  |  |
|  | CITY STATE                              | ZIP CODE       |  |  |  |  |