Only

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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. OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMIT 211 S FIFTH ST ADDRESS (number and street) (Check if address is changed) COLUMBUS 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@henryalan.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ohiogop.org (Check if address is changed) DATE 2021 C00162339 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. JOHNSON, DAVID, , , Type or Print Name of Treasurer JOHNSON, DAVID, , , [Electronically Filed] 03 2022 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

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)	×	CTA CTA	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This 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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
OHIO REPUBL	ICAN PARTY STATE CENTRAL & EXECUTIVE	COMMITTEE
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
TRUMP VICTORY		
Mailing Address	138 CONANT STREET	
	BEVERLY MA 0191	5
	CITY STATE	ZIP CODE
Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
	RIS, CLAYTON, , ,	
Mailing Address	211 S FIFTH ST	
	COLUMBUS OH 432°	15
Title or Decition	CITY STATE	ZID CODE
Title or Position	CITY STATE	ZIP CODE
COO	Telephone number 614 -	228
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	e name and address of
Full Name JOHNS of Treasurer	SON, DAVID, , ,	
Mailing Address	211 S FIFTH ST	
	COLUMBUS OH 4321	5
Title on De ''	CITY STATE	ZIP CODE
Title or Position TREASURER	Tolophoro number	228 2481

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	MORRIS, CLAYTON, , ,	
Mailing Address	211 S FIFTH ST	
	COLUMBUS CITY STATE	ZIP CODE
Title or Position	Telephone number 614 - 2	228 2481
Banks or Other safety deposit bo Name of Bank, I		accounts, rents
	CHAIN BRIDGE BANK	
Mailing Address	1445-A LAUGHLIN AVE	
	MCLEAN VA 22101	
_	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
	THE HUNTINGTON NATIONAL BANK	
Mailing Address	17 S HIGH ST	
	COLUMBUS OH 43215	
	CITY STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4		T LO ID Humber	0
6.		Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Sponsor
	Mailing Address	15 NORTH FOURTH STREET		
		COLUMBUS	OH	43215
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	= -	e, or Leadership PAC Spon
REPUBLICAN FI	NANCE COMMITTEE OF HAMILTOI	N COUNTY	
	430 READING RD., STE. 201		
Mailing Address			
	CINCINNATI	OH	45202
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	I Organization, Affiliated Committee, Joint Funds		
Mailing Address	1500 WEST THIRD STREET		
J	SUITE 120		
	CLEVELAND	OH	44113
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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n). Joint Fundraising	Participant:			
1.			C ID number	C
2.		FE	C ID number	C
3.		FE	C ID number	С
4.		FE(C ID number	С
ame of Any Connected (Organization, Affiliated Committee, Jo	oint Fundraising	Representative	e, or Leadership PAC Spor
STARK COUNTY	REPUBLICAN PARTY			
Mailing Address	2729 FULTON DR NW			
	CANTON		OH	44718
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee	Joint Fundra	ising Represent	ative Leadership PAC S
	Organization Affiliated Committee by name, address (phone number – o		ising Represent	ative Leadership PAC S
esignated Agent: Identify			ising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name			ising Represent	Leadership PAC S
esignated Agent: Identify Full Name		ptional)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – o	ptional)		
esignated Agent: Identify Full Name	by name, address (phone number – o	ptional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone number – o	ptional) Telephon	STATE A e Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arme of Bank, epository, etc.	by name, address (phone number – o	ptional) Telephon	STATE A e Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone number – o	ptional) Telephon	STATE A e Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arme of Bank, epository, etc.	by name, address (phone number – o	ptional) Telephon	STATE A e Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ganization, Affiliated Committee, Joint Fo DUNTY REPUBLICAN PARTY 4130 LINDEN AVE	FEC ID number	C C C ve, or Leadership PAC Spons
ganization, Affiliated Committee, Joint Fo DUNTY REPUBLICAN PARTY 4130 LINDEN AVE	FEC ID number	C
ganization, Affiliated Committee, Joint Fo DUNTY REPUBLICAN PARTY 4130 LINDEN AVE	FEC ID number	С
ganization, Affiliated Committee, Joint Fo DUNTY REPUBLICAN PARTY 4130 LINDEN AVE	J	
9UNTY REPUBLICAN PARTY 4130 LINDEN AVE STE 190	undraising Representativ	ve, or Leadership PAC Spons
9UNTY REPUBLICAN PARTY 4130 LINDEN AVE STE 190	undraising Representativ	ve, or Leadership PAC Spons
4130 LINDEN AVE STE 190		
STE 190		
STE 190		
STE 190		
DAYTON		
DAYTON	, , , OH	45432
CITY A	STATE A	ZIP CODE ▲
name, address (phone number – optiona	.) 	
	STATE A	ZIP CODE ▲
		211 OOBL 2
	Telephone Number	
	Affiliated Committee In name, address (phone number – optional phone is a committee) CITY CITY	Affiliated Committee Joint Fundraising Represent values (phone number – optional) CITY STATE Telephone Number State depositories in which the committee depositions and the committee depositions are supplied to the committee deposition.

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	g		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	= -	e, or Leadership PAC Spon
SHELBY COUNT	TY REPUBLICAN PARTY FEDERAL	ACCOUNT	
Mailing Address	P.O. BOX 643		
	SIDNEY	OH	45365
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
Connecte		t Fundraising Represent	ative Leadership PAC Sp
Connecte		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr		
ASHTABULA COL	JNTY REPUBLICAN PARTY - FEDE	ERAL ACCOUNT	[
Mailing Address	PO BOX 265		
	JEFFERSON	, , OH	44047
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name _ _ _		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name _ _ _		Fundraising Representation	
esignated Agent: Identify Full Name	by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or main arms of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundament		e, or Leadership PAC Spon
BUTLER COUNT	ΓΥ REPUBLICAN PARTY EXECUTI	VE COMMITTEE	
	3431 PRINCETON RD SUITE 100		
Mailing Address	34311 KINGE FOR NE GOTTE 100		
	HAMILTON	OH	45011
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joi	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Organization, Affi FUND 824 S MILLEDG STE 101 ATHENS Organization	liated Committee, SE AVE CITY Affiliated Committe	Joint Fund	FEC I	D number D number D number D number Presentative GA STATE	30605	o PAC Spon
Organization, Affi FUND 824 S MILLEDG STE 101 ATHENS Organization	liated Committee,	Joint Fund	FEC I	D number D number presentativ	C C C C C C C C C C C C C C C C C C C	o PAC Spon
Organization, Affi FUND 824 S MILLEDG STE 101 ATHENS Organization	liated Committee,	Joint Fund	FEC I	presentativ	re, or Leadership	o PAC Spon
Organization, Affi FUND 824 S MILLEDG STE 101 ATHENS Organization	liated Committee,	Joint Fund		presentativ	re, or Leadership	o PAC Spon
824 S MILLEDG STE 101 ATHENS Organization	SE AVE		Iraising Re	GA	30605	o PAC Spon
824 S MILLEDG STE 101 ATHENS Organization	SE AVE		Iraising Re	GA	30605	PAC Spon
824 S MILLEDG STE 101 ATHENS Organization	CITY A					
STE 101 ATHENS Organization	CITY A					
STE 101 ATHENS Organization	CITY A					
STE 101 ATHENS Organization	CITY A					
ATHENS Organization						
Organization						
				STATE A		
	Affiliated Committe			SIAIL	ZIP	CODE A
.,,	s (phone number -	- optional)				
		1 1 1 1	1 1 1	1 1 1 1		1 1 1 1
			1	1 , 1		-
	CITY A			STATE A	ZIP (CODE A
V			F. I I	1	1_1	I_I
			reiepnone i	Number _		
-	▼	ries: List all banks or other depositor	CITY ▲ ries: List all banks or other depositories in which	CITY Telephone ries: List all banks or other depositories in which the comm	Telephone Number ries: List all banks or other depositories in which the committee deposit	CITY A STATE A ZIP (Telephone Number

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraising	n Particinant		
O(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Hullibel	0
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TAKE BACK THE HOUSE 2022			
	Mailing Address	PO BOX 30844		
		1		
		BETHESDA	l MD l	20824
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Representa	
	Oomiccicu	Animated Committee 1- Committee	Tundraising Trepresent	Leadership 1 Ao Oponson
8.	Designated Agent: Identify by name, address (phone number – optional)			
	Full Name			
	Mailing Address			
		1		1
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc. Mailing Address	ies: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
		CITY ▲	STATE ▲	ZIP CODE ▲