Image# 201802149094566342				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ			
			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Leah Sellers for	Congress			
	₁ 670 W 7th St			
ADDRESS (number and street)				
(Check if address is changed)				
	Marysville └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		OH 43040 STATE ▲	
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	leahsellers@hotmail.co	om 		
5,	Optional Second E-Mail Add	dress		
 (Check if address is changed) 				
	4 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	IUMBER ► C C	00670018		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true correct and co	mnlete
		, memorgo and solior it		
Type or Print Name of Treasur	er Bornino, Brian, , Mr.,			
Signature of Treasurer	nino, Brian, , Mr.,	[Electronically Filed]	Date 02	14 / Y Y Y Y 14 2018
NOTE: Submission of false, error		may subject the person signing to ON SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 Revised 06/2012)

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FE	EC Fo	rm 1 (Revised 02/2009) Page 2						
		OMMITTEE						
Cand	100	e 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 Candic		Sellers, Leah, , Ms.,						
Candic Party /		on DEM Office State Of Sought: X House Senate President	н					
		District 04	1					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Candic								
Party	v Con	nmittee:						
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par	ty.					
Political Action Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s 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 par committee. (i.e., nonconnected committee)	ty					
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint	Fund	Iraising 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						
	2.	FEC ID number						
	3.	FEC ID number						
	4.		Ī					

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Write or Type Committee Name

Leah Sellers for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N					
	Mailing Address				
	0				
		CITY		STATE	ZIP CODE
	Relationship: Connec	cted Organization	e Joint Fundrai	sing Representative	Leadership PAC Sponsor
7.	Custodian of Records: lo books and records.	dentify by name, address (phone numbe	r optional) and p	osition of the person ir	n possession of committee
	Full Name				
	Mailing Address				
	Title or Position	CITY		STATE	ZIP CODE
			Telephone	number	- [] - []
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional ., assistant treasurer).	of the treasurer of	the committee; and th	e name and address of
	Full Name Bornino of Treasurer	, Brian, , Mr.,			
	Mailing Address	670 W 7th St			
	Title or Position	Marysville		OH 430 STATE	40
L			Telephone	number	

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																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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 B	ank, Depo	ository, etc.
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PNC B	ank	
Mailing Address	204 East Fifth St	
	Marysville	OH 43040 -
	CITY	STATE ZIP CODE
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY	STATE ZIP CODE