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STATEMENT OF ORGANIZATION

FORM 1			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
First Freedom O	hio PAC			
ADDRESS (number and street)	PO Box 2945			
(Check if address is changed)				
	Columbus └──└──└──└── CITY ▲		OH	
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	brspires@yahoo.com			
	Optional Second E-Mail Add	lress 1		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	199 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	UMBER ► C CO	0665323		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it i	s true, correct and co	mplete.
Type or Print Name of Treasure	er Spires, Brian, , ,			
Signature of Treasurer	es, Brian, , ,	[Electronically Filed]	Date 01	26 / Y Y Y Y 2023
NOTE: Submission of false, error		may subject the person signing th ION SHOULD BE REPORTED V		alties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		EC FORM 1 Revised 06/2012)

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized cor	District
	innitee.
Name of Candidate	
Party Committee: (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 lir	ne 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 s committee. (i.e., nonconnected committee)	eparate segregated 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	5.)
(g) X 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 ad	ccounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

some rundraising nepresentative.

(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.
(j) Committees Participating in Joint Fundraiser
2.

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-	FEC Form 1 (Revised (02/2009)																								P	'age	e 3		-
۷	Write or Type Committee Name)																												
	First Freedom	Ohic	P	AC	` '																									
6.	Name of Any Connected O NONE	Organizat	ion, A	Affilia	ated	Co	mmi	ittee	ə, J	oin	it F	uno	drai	isir	ng F	Rep	res	en	tati	ve,	or	Le	ead	ers	hip	PA	C S	Spo	nso	or
																											<u> </u>			
	Mailing Address																													
																											-			
						С	ITY										5	STA	TE						ZIF	, C	OD	E 🔺	•	
	Relationship: Connected	Organiza	ition		Affilia	ted	Orga	aniz	atio	n	E	J	oint	Fu	ndra	aisir	ng I	Rep	res	enta	ativ	е	E	ſ	Lead	ders	ship	PA	c s	ponsoi

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Spires,	Brian, , ,
Full Name	
Mailing Address	PO Box 2945
	Columbus OH 43216
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position v	
	Telephone number 513 - 733 - 5775

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	Spires, Brian, , ,						
of Treasurer							
Mailing Address	PO Box 2945						
	Columbus OH 43216						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position	,						
Treasurer 513 733 5775 Telephone number 513 - 733 -							

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Full Name of Designated Agent									
Mailing Address									
	CITY A STATE A	ZIP CODE ▲							
Title or Position ▼									
Telephone number - - - -									

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.

Mailing Address	155 E Broad Street		
	Columbus	OH 43215	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲