

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Horticulture Industry Association - Political Action Committee (AmericanHort PAC)

ADDRESS (number and street) 525 9th Street NW

(Check if address is changed) Suite #800

Washington DC 20004

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) karenl@americanhort.org

Optional Second E-Mail Address craigr@americanhort.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.americanhort.org/page/plantpac

2. DATE 11 / 13 / 2018

3. FEC IDENTIFICATION NUMBER C C00022988

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 Limbert, Karen, L, ,

Signature of Treasurer Limbert, Karen, L, , *[Electronically Filed]* Date 11 / 13 / 2018

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.

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.)

**Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

American Horticulture Industry Association - Political Action Committee (AmericanHort PAC)

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

American Horticulture Industry Association

Mailing Address

2130 Stella Ct

Columbus

OH

43215

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  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 Limbert, Karen, L, ,

Mailing Address

2130 Stella Ct

Columbus

OH

43215

Title or Position

CITY

STATE

ZIP CODE

VP & Controller

Telephone number

614

884

1151

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 Limbert, Karen, L, ,

Mailing Address

2130 Stella Ct

Columbus

OH

43215

CITY

STATE

ZIP CODE

Title or Position VP & Controller

Telephone number

614

884

1151

Full Name of Designated Agent

Fisher, Ken, , ,

Mailing Address

2130 Stella Ct

Columbus

OH

43215

CITY

STATE

ZIP CODE

Title or Position

CEO & President

Telephone number

614

884

1150

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.

First Merchants Bank

Mailing Address

3650 Olentagy River Road, Ste 100

Columbus

OH

43214

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

5(g) or (h). Joint Fundraising Participant:

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Regelbrugge, Craig, , ,

Full Name

Mailing Address

CITY ▲  STATE ▲  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

CITY ▲  STATE ▲  ZIP CODE ▲