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 Matters Leadership PAC 2226 Edgeview Drive ADDRESS (number and street) (Check if address is changed) Hudson 44236 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS obriencompliance@gmail.com (Check if address is changed) Optional Second E-Mail Address ngobrien3@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00818286 FEC IDENTIFICATION NUMBER 3. 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. OBrien, Norbert, , , Type or Print Name of Treasurer OBrien, Norbert, , , [Electronically Filed] 06 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

| FEC Form 1 (F | Revised 03/2022) | Page 2 | | | | |
|--|--|------------------------|--|--|--|--|
| . TYPE OF (| COMMITTEE: | | | | | |
| Candidate | andidate Committee: | | | | | |
| (a) Ti | his committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| 1 1 | this committee is an authorized committee, and is NOT a principal campaign committee. (Complete to information below.) | the candidate | | | | |
| Name of Candidate | 9 | | | | | |
| Candidate Party Affil | | State District | | | | |
| (c) Ti | his committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name o Candida | | | | | | |
| Party Cor | | | | | | |
| (d) T | Chis committee is a (National, State (Democration or subordinate) committee of the Republication | tic, n, etc.) Party | | | | |
| Political A | Political Action Committee (PAC): | | | | | |
| (e) Ti | his committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | ted organization is a: | | | | |
| | Corporation Corporation w/o Capital Stock Labor | Organization | | | | |
| | Membership Organization Trade Association Cooper | rative | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| 1.1 | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| (g) TI | his committee is an independent expenditure-only political committee (Super PAC). | | | | | |
| _ | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (h) TI | his committee is a political committee with both contribution and non-contribution accounts (Hybrid F | PAC). | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| Joint Fun | draising Representative: | | | | | |
| (1) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political | | | | | |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | |
| Committ | tees Participating in Joint Fundraiser | | | | | |
| 1. | C | | | | | |
| | | | | | | |

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|----|---|---|-----------------|-----------------------|------------------------|
| V | /rite or Type Committee Name | | | | |
| | | eadership PAC | | | |
| 6. | Name of Any Connected O DOLAN, MATT, , , | rganization, Affiliated Committee, Joint Fundrais | ing Repre | sentative, or Leade | ership PAC Sponsor |
| | | | | | |
| | | | | | |
| | Mailing Address | 2226 EDGEVIEW DRIVE | | | |
| | | | | | |
| | | HUDSON | | OH 4423 | 6 |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization Joint F | - undraising | Representative x | Leadership PAC Sponsor |
| | | | | | |
| 7. | Custodian of Records: Identi books and records. | ify by name, address (phone number optional) and | position of | f the person in posse | ssion of committee |
| | OBrien, No | rbert, , , | | | |
| | Full Name | | | | |
| | Mailing Address | 2226 Edgeview Drive | | | |
| | | | | | |
| | | Hudson | | OH 4423 | 6 |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Treasurer | Telepi | hone num | ber 216 – | 402 - 2981 |
| 3. | Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the treasu assistant treasurer). | irer of the | committee; and the | name and address of |
| | Full Name OBrien, No | rbert, , , | | | |
| | of Treasurer | | | | |
| | Mailing Address | 2226 Edgeview Drive | | | |
| | | | | | |
| | | Hudson | | OH 44236 | 6 |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | | Telepl | hone num | ber 216 - | 402 - 2981 |

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|---|--|-----------------------------|---------------------------|--|--|--|
| Full Name of Designated Agent | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| Title or Position ▼ | CITY A | STATE ▲ | ZIP CODE ▲ | | | |
| | т | elephone number | | | | |
| Banks or Other Depo safety deposit boxes o | sitories: List all banks or other depositories in which maintains funds. | the committee deposits fun- | ds, holds accounts, rents | | | |
| Name of Bank, Deposi | tory, etc. | | | | | |
| Key Bank | | | | | | |
| Mailing Address | 34801 Euclid Drive | | | | | |
| | | | | | | |
| | Willoughby | OH L | 44094 | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Name of Bank, Depository, etc. | | | | | | |
| I 1 | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |