FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 11 ——
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	N PARTY STATE	CENTRAL & EXE		OMMITTEE
ADDRESS (number and street)	211 S FIFTH STREET			
(Check if address is changed)				
	COLUMBUS		OH STATE▲	3215
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)		OM		
	Optional Second E-Mail Add	ress		1
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL) WWW.OHIOGOP.ORG			
2. DATE 04 04				
3. FEC IDENTIFICATION NU	JMBER ► C CO	0162339		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief i	t is true, correct an	id complete.
Type or Print Name of Treasure	r MAAG, RON, , ,			
Signature of Treasurer MAA	G, RON, , ,		Date 04	/ D D / Y Y Y Y 04 2024
NOTE: Submission of false, errone	eous, or incomplete information n ANY CHANGE IN INFORMAT			e penalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202404049627466543

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FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	(Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House Senate Pre	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committe	District
	ю.
Name of Candidate	
Party Committee: (National, State (d) X This committee is a STA or subordinate) committee of the REP	(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 separation committee. (i.e., nonconnected committee)	te 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.)	
(g) 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 account	ts (Hybrid PAC).

Joint Fundraising Representative:

(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.
 Committees Participating in Joint Fundraiser
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

books and records.

7.

_	FEC Form 1 (Revised	02/2009)	P	age 3	
١	Write or Type Committee Name	e			
	OHIO REPUBLI	CAN PARTY STATE CENTRAL & EXECUTIVE CO	MM	ITTEE	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PA	C Sponsor	
		ORY			
]
	Mailing Address	824 S MILLEDGE AVE STE 101			
		1			1

CITY

Affiliated Organization

GA

STATE

 \boldsymbol{X} Joint Fundraising Representative

30605

ZIP CODE

Leadership PAC Sponsor

ATHENS

Connected Organization

BROGHA	MER, KEVIN, , ,
Mailing Address	211 S FIFTH STREET
	COLUMBUS OH 43215 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number 614 228 2481

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

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	MAAG, RON, , ,
of Treasurer	
Mailing Address	211 S FIFTH STREET
	COLUMBUS OH 43215 - - - - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
	Image: Telephone number 614 228 2481

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	JAMES, GARY, , ,	
Mailing Address	211 S FIFTH STREET	
	COLUMBUS OH 43215	
	CITY A STATE A ZI	IP CODE
Title or Position	7	
	ASURER	282481

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.

Н			
Mailing Address	17 S HIGH STREET		
		OH 43218	5
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depo	ository, etc.		
C			
Mailing Address	1445-A LAUGHLIN AVE		
		VA 22101	
	CITY A	STATE A	ZIP CODE

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

ZIP CODE

STATE 🔺

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
т.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
PROTECT THE HOU	JSE 2024		
Mailing Address	PO BOX 30844		
			20824
	BETHESDA		20024
Relationship:			
		U U U U U U U U U U U U U U U U U U U	
Connecte	CITY A	⊥ · · · · · · · · · · · · · · · · · · ·	
Connecte Designated Agent: Identif Full Name	CITY A	⊥ · · · · · · · · · · · · · · · · · · ·	
Connecte Designated Agent: Identif	CITY A	⊥ · · · · · · · · · · · · · · · · · · ·	
Connecte Designated Agent: Identif Full Name	CITY A	⊥ · · · · · · · · · · · · · · · · · · ·	
Connecte Designated Agent: Identif Full Name	CITY A d Organization Affiliated Committee X Jo y by name, address (phone number – optional)	STATE	
Connecte Designated Agent: Identif Full Name	CITY A	⊥ · · · · · · · · · · · · · · · · · · ·	
Connecter	CITY A CITY A d Organization Affiliated Committee X Jo y by name, address (phone number – optional)	STATE	ZIP CODE A

CITY **▲**

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
з. 🛛			FEC ID number	С
4. [FEC ID number	C
	of Any Connected O 4 MILLER VICTOR	rganization, Affiliated Committee, Joint Fu	ndraising Representativ	re, or Leadership PAC Sponsor
N	lailing Address	824 S. MILLEDGE AVE		
		STE 101		
		ATHENS	GA GA	30605
R	elationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X J	oint Fundraising Represen	tative Leadership PAC Sponsor
3. Designa	ated Agent: Identify	by name, address (phone number - optional))	
Full	Name			
Mai	iling Address			
тп	TLE OR POSITION	CITY 🔺	STATE A	
			Telephone Number	
safety o Name o	deposit boxes or main	es: List all banks or other depositories in whi ntains funds.	ich the committee depos	its funds, holds accounts, rents

Depository, etc.			
Mailing Address	2365 W BROAD ST		
		GA	
		STATE A	ZIP CODE 🔺

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
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	-	rganization, Affiliated Committee, Joint Fundrais	ing Representativ	e, or Leadership PAC Sponsor
I	Mailing Address	824 S MILLEDGE AVE		
		STE 101		
			GA	30605
I	Relationship:	CITY A	STATE A	ZIP CODE
8. Desig	Connected Connec	Drganization Affiliated Committee X Joint Fu	ndraising Represent	ative Leadership PAC Sponsor
	II Name			
Ma	ailing Address			
		1		· · · · · · I-I · · · I
т	ITLE OR POSITION V			
L		1	bhone Number	
safety	or Other Depositorie deposit boxes or main	es: List all banks or other depositories in which the tains funds.	e committee deposit	s funds, holds accounts, rents
	of Bank, itory, etc.			
Depos	itory, etc.	<u> </u>		<u> </u>
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) or (h).	oom runuraising	Participant:				
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			liated Committee, Join	t Fundraising	Representativ	e, or Leadership PAC Sponsor
GRO		ΓY 				
	ilia a Aslaha a a	228 S WASHIN	GTON ST STE 115			
IVIE	ailing Address					
						22314
Po	lationship:					
ne	lationship.	_	CITY 🔺	_	STATE A	ZIP CODE 🔺
	Connociou	Organization	Affiliated Committee	× Joint Fundrai	ong rieprocent	ative Leadership PAC Spons
Designa	ted Agent: Identify	by name, address	s (phone number – optio	onal)		
	ted Agent: Identify	by name, address	s (phone number – optic	onal)		
Full		by name, address	s (phone number – optic	onal)		
Full	Name	by name, address	s (phone number – optic	onal)		
Full	Name	by name, address	s (phone number – optic	onal)		
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Full Maili Maili TITI Banks o safety de Name of Deposito	Name ng Address _E OR POSITION r Other Depositori eposit boxes or mai Bank, ry, etc		CITY A	Telephone	Number	

1. 🗆 🖂 🖂					_ FEG	C ID number	C				
2.					_ FEG	C ID number	С				
3.					FE0	C ID number	C				
4.						C ID number	C				
Name of Any C	onnected Org	anization, Affil	liated Committe	e, Joint Fu	Indraising	Representat	ive, or	Leade	rship l	PAC S	pons
	ENO										1 1
Mailing Ad	dress	P.O. BOX 34079									
	L										
		COLUMBUS				OH		43234		_	
	L										
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TRUMP 47		E E								
<u> </u>		I P.O. BOX 509								
Mailing A	ddress									
						VA	22	216		
						STATE A		ZI	P COD	E 🔺
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Designated Ag Full Name Mailing Add	Connected ent: Identify	by name, addres	Affiliated Committee	otional)		Represent	ative		lership	PAC Sp

5(g) or (h).	Joint Fundraising	Participant:		
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2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
6. Name	of Any Connected C	rganization, Affiliated Committee, Joint Fund	raising Representativ	ve, or Leadership PAC Sponsor
Ν	Mailing Address			
		STE 115		
				22314
F	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	t Fundraising Represen	tative Leadership PAC Sponsor
8. Design				
-		by name, address (phone number - optional)		
Ful	nated Agent: Identify			
Ful	nated Agent: Identify			
Ful	nated Agent: Identify			
Ful Ma	nated Agent: Identify	by name, address (phone number – optional)		
Ful Ma	nated Agent: Identify	by name, address (phone number – optional)		
Ful Ma TI 	ated Agent: Identify	by name, address (phone number – optional)	STATE A	
Ful Ma 9. Banks safety o Name o	ated Agent: Identify	by name, address (phone number – optional)	the committee depos	