| FEC FORM 1 | STATEMENT OF ORGANIZATION | PAGE 1 / 4 | | | |
|--------------------------------|--|--|--|--|--|
| 1. NAME OF COMMITTEE (in fu | ull) (Check if name Example: If typing, type over the lines. | e 12FE4M5 | | | |
| Friends of C | rystal Lett | | | | |
| | | | | | |
| ADDRESS (number and | 6891 Sparrow Lane | | | | |
| (Check if add is changed) | dressColumbusCITY ▲ | OH 43235 STATE ▲ ZIP CODE ▲ | | | |
| COMMITTEE'S E-MAIL | ADDRESS | | | | |
| (Check if add is changed) | dress feccompliance@theruppertco.com | | | | |
| | Optional Second E-Mail Address jruppert@theruppertco.com | | | | |
| COMMITTEE'S WEB PA | | | | | |
| 2. DATE 01 | / D D / Y Y Y Y 12 2018 | | | | |
| 3. FEC IDENTIFICAT | 3. FEC IDENTIFICATION NUMBER ► C C00665760 | | | | |
| 4. IS THIS STATEME | NT NEW (N) OR AMENDED (A | A) | | | |
| I certify that I have exa | mined this Statement and to the best of my knowledge and bel | lief it is true, correct and complete. | | | |
| Type or Print Name of | Treasurer Ruppert, Jeffrey, A, , | | | | |
| Signature of Treasurer | Ruppert, Jeffrey, A, , [Electronically Filed | Date 01 / 12 / 2018 | | | |
| NOTE: Submission of fals | se, erroneous, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORTE | | | | |
| Office Use Only | For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100 | nmission FEC FORIVI I | | | |

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| | FE | C For | rm 1 (Revised 02/2009) | Page 2 |
|------|-------------------|-------------------|--|---|
| 5. T | YPE | OF C | OMMITTEE | |
| (| Cand | idate | Committee: | |
| (8 | a) | × | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (1 | o) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.) | lete the candidate |
| | lame Candid | | Lett, Crystal, Lynn, , | |
| | Candid Party A | ate Affiliatio | DEM Office Sought: K House Senate President | State OH District 12 |
| (0 | c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | lame Candid | | | |
| F | Party | Com | mittee: | |
| (0 | d) | | | Democratic, Republican, etc.) Party. |
| F | Politie | cal A | ction Committee (PAC): | |
| (6 | e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | nected 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 seg committee. (i.e., nonconnected committee) | gregated 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.) | |
| J | oint | Fund | raising Representative: | |
| (g |) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h |) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | | Com | mittees Participating in Joint Fundraiser | |
| | | 1. | FEC ID number | |
| | | 2. | FEC ID number | |
| | | 3. | FEC ID number | |
| | | 4. | FEC ID number | |
| | | | | |

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Write or Type Committee Name

Friends of Crystal Lett

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

| Mailing Address | | | | | |
|---|------|-------|----------|--|--|
| | | | | | |
| | | | | | |
| | 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.

| Ruppert, J | effrey, A, , |
|-------------------|---|
| Full Name | |
| Mailing Address | 35 East Gay Street |
| | Suite 403 |
| | Columbus OH 43215 - - - - |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number 614 423 9461 |

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 | Ruppert, Jeffrey, A, , | | |
|--------------------------------|------------------------|------------------|------------------|
| Mailing Address | 35 East Gay Street | | |
| | Suite 403 | | |
| | Columbus | | 43215 |
| | CITY | STATE | ZIP CODE |
| Title or Position Treasurer | | Telephone number | 614 – 423 – 9461 |

| Full Name of Designated Agent | Ruppert, Jeffrey, A, , |
|-------------------------------------|---|
| Mailing Address | 35 East Gay Street |
| | Suite 403 |
| | Columbus OH 43215 - - - |
| | CITY STATE ZIP CODE |
| Title or Position | Telephone number 614 - 423 - 9461 |

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.

| Fifth T | | | |
|---------------------------|------------------|--------|----------|
| Mailing Address | 4128 Hoover Road | | |
| | | | |
| | Grove City | OH 431 | 23 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |