

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

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

OHIO'S REPUBLICAN SALUTE

ADDRESS (Number and street)

211 SOUTH 5TH STREET

(Check if address is changed)

COLUMBUS

OH

43215

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 08 / 20 / 2002

3. FEC IDENTIFICATION NUMBER ► C00379529

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 Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward

Date 08 / 20 / 2002

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

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110**FEC FORM 1**
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

- (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

Office

State

Party Affiliation

Sought:

House

Senate

President

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) This committee is a _____ (National, State (Democratic, Republican, etc.) Party.

(National, State

(or subordinate) committee of the

(Democratic,

Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

TURNER FOR CONGRESS

Mailing Address

131 N. Ludlow Street Suite 304

Dayton

OH

45402

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Participant

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

OHIO'S REPUBLICAN SALUTE

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 **Christopher J. Ward**

Mailing Address **6302 Massachusetts Ave.**

Bethesda MD 20816

Title or Position **Treasurer** CITY **Bethesda** STATE **MD** ZIP CODE **20816**

Telephone number _____ - _____ - _____

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 **Christopher J. Ward**

Mailing Address **6302 Massachusetts Ave.**

Bethesda MD 20816

Title or Position **Treasurer** CITY **Bethesda** STATE **MD** ZIP CODE **20816**

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Bethesda MD 20816

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____

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.

FIFTH THIRD BANK

Mailing Address

21 E. STATE STREET

COLUMBUS

OH

43215

-

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

OHIO STATE REPUBLICAN PARTY

Mailing Address

211 S. Fifth Street

Columbus

OH

43215

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Participant

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____