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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. Republicans Offer New Solutions PAC 5505 Overridge Rd ADDRESS (number and street) (Check if address is changed) Arlington 76017 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rp3@henryalan.com (Check if address is changed) Optional Second E-Mail Address |ghusted@henryalan,com| COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00763789 FEC IDENTIFICATION NUMBER > 3. X 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. Phillips, Robert, , , III Type or Print Name of Treasurer Phillips, Robert, , , III [Electronically Filed] Date 30 2020 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Only Local 202-694-1100

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|--------------|--|---|---|--|--|--|
| | PE OF COMMITTEE | | | | | |
| | naidate | idate Committee: | | | | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate | | | |
| | ne of didate | | | | | |
| | didate y Affiliatio | Office Sought: House Senate President | State | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | |
| | ne of didate | | | | | |
| Par | rty Con | nmittee: | | | | |
| (d) | | (National, State | Democratic, Republican, etc.) Party. | | | |
| Pol | itical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | 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) | | | | | | |
| (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.) | | | | |
| Joir | nt Fund | raising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 | | | |
| | Committees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4. | | | | | |

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|--|--------------------------|
| Write or Type Committee Name | T uge U |
| Republicans Offer New Solutions PAC | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh | nip PAC Sponsor |
| Wright, Ron, , , | |
| vvigit, (Sii, , , , | |
| | |
| 5505 Overridge Rd Mailing Address | |
| | |
| Arlington TX 76017 | |
| CITY STATE | ZIP CODE |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea | dership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in pos books and records. | session of committee |
| Phillips, Robert, , , III | 1 |
| Full Name75 S High St | |
| Mailing Address Ste. 4 | |
| Dublin , OH , 43017 | |
| | |
| Title or Position CITY STATE | ZIP CODE |
| Treasurer Telephone number | 866 8229 |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). | ne and address of |
| Full Name Phillips, Robert, , , III | |
| of Treasurer | |
| Mailing Address | |
| Ste. 4 | |
| Dublin OH 43017 | |
| Title or Position Treasurer 202 1 8 | ZIP CODE 366 8229 |
| Telephone number | |

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|---|---------------------|-----------------|-------------------|--|--|--|--|
| | | | | | | | |
| Full Name of Designated Agent | Husted, George, , , | | | | | | |
| Mailing Address | 75 S High St | | | | | | |
| | Ste. 4 | | | | | | |
| | Dublin CITY | OH STATE | 43017 ZIP CODE | | | | |
| Title or Position Deputy Treasurer | Teleph | none number 202 | | | | | |
| 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. The Huntington National Bank | | | | | | | |
| Mailing Address | 17 S High St | | | | | | |
| | | | | | | | |
| | Columbus | OH | 43215 | | | | |
| | CITY | STATE | ZIP CODE | | | | |
| Name of Bank, De | pository, etc. | | | | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |