STATEMENT OF

2010 AFR -5 AM 10: 24

FEC FORM 1		ORC	GANIZ	ATION			Office Use Or	ntv	
1. NAME OF COMMITTEE (in	ı fuli)	(Chec Is cha	k if name Inged)	Example:If typin over the lines.	g, type	12FE4M		2	
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				CITY	;	STATE	ZiP	CODE	
COMMITTEE'S E-MA	IL ADDRES	SS (Please prov	ide only one e	-mail address)					
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2. DATE 0.	н / D 3 3.	0 / Y Y 1 2 0 .							
3. FEC IDENTIFIC	CATION NU	JMBER	Ċ		* # - + - + - + - + - + - + - + - + - + -				
4. IS THIS STATE	MENT N	NEW (N)	OR	AMEN	DED (A)				
l certify that I have a	examined th	is Statement at	nd to the bes	t of my knowledge a	nd belief it is	true, correc	t and complete).	٠
Type or Print Name (of Treasure	r <u>Mark C</u>	C. Bidwell						
Signature of Treasure	er	M	C. B	M	D	°i⊿ Pate : 0.	м / b в 3 3.1 _.	2 0 1	7 0.
NOTE: Submission of		•		may subject the pers ION SHOULD BE RE			•	of 2 U.S.C. §437	'g.
Office Use Only						bct:		ORM 1 02/2009)	_

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FEC Fo	nn 1 (Revised 02/2009)	Page 2
TYPE OF C		
	Committee:	
(a) X	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. (Cor information below.)	nplete the candidate
Name of Candidate	Rio ini i Hi pi o i di i i i i i i i i i i i i i i i i	
Cendidate	Office Control Office	State OH
Party Affiliati	on R e p Sought: X House Senate President	District 1 8
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) 	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Suma	iralsing Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
/b }	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.		
		•
3.	FEC ID number C	. ,
4.	FEC ID number C	
	•	

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Write or Type Committee Name		
Ron Hood for Congress		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor
None	<u> </u>	
	11111111111111111111111111111	
Mailing Address		
-		
		1-1
	CITY STATE ZIF	CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number - optional) and position of the person in posses	sion of committee
Full Name Rigini	<u> Holoid () </u>	
Mailing Address	1 14 15 15 13 1 1 1 1 1 1 1 1 1 1 1 1 C r le le lk ! Pi i k l el	
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	AISINIVIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 - 9 3 5 1
Title or Position	CITY STATE ZIP	CODE
Ciuls it loidi il a ni	1 to f r le ic lo ir d s Telephone number 7 4 0 - 2 4	8-1198
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer Miairik	KIICIBiidwelliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
Mailing Address	316161 1 E vi a 1 D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	CITY STATE ZIP	3
Title or Position		
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FEC Form 1 (Re	rvised 0 2 /2009)		Page 4			
Full Name of Designated Agent Rio	njellidi 15 i Hararati i i i i i					
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	Alsihivii li il el	L OIH	2IP CODE			
Title or Position	•		1 1 1 1 1			
Die ib init i Ai	Treesureriii Teleph	none number 714	10 - 21418 - 11918 8			
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.						
Tin	<u>lei i Steivi inigs i Brien kii i i</u>					
Mailing Address	111181 1N 10 aun 1 1 S.H. 1					
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	CITY	STATE	ZIP CODE			
Name of Bank, Deposite	ory, etc.					
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Mailing Address						
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	CITY	STATE	ZIP CODE			

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED