FEC

01/22/2024 09 : 49

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## STATEMENT OF ORGANIZATION

FORM 1										
				Office Use Only						
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5						
Gibbs for Co	ongress									
<u> </u>										
ADDRESS (number a		PO Box 21								
(Check if a	address									
is changed	(t	Lakeville		OH 44 STATE ▲	H638 − [] ZIP CODE ▲					
				STATE	ZIF CODE					
COMMITTEE'S E-MA	address	repgibbs@gmail.com								
is changed	(k	Optional Second E-Mail Add	dress							
		shanna.schlabach@gmai								
COMMITTEE'S WEB	address	www.bobgibbsforcongress.co	m 							
2. DATE 04	4 / D 12	2014								
3. FEC IDENTIFIC	CATION NU	MBER ► C co	00466516							
4. IS THIS STATEM	MENT X	NEW (N) OR	AMENDED (A)							
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.					
Type or Print Name	of Treasurer	Gibbs, Jody, , ,								
Signature of Treasure	er Gibbs,	Jody, , ,		Date 01	/ D D / Y Y Y Y 22 2024					
NOTE: Submission of	false, erroned		may subject the person signing the first state of the person signing the second state of the second state		e penalties of 52 U.S.C. §30109					
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)					

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Gibbs, Robert, , , Candidate State OH Candidate Office REP House Senate President Party Affiliation Sought: District 07 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 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.) (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 accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser Patriot Day I С 1 С

2.

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	FEC Form 1 (Revised 02/2009)	Page 3
W	Irite or Type Committee Name	
	Gibbs for Congress	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	One of the standard in Fred	

	ship Fund			
Mailing Address	2345 Grand, 18th Floo	or 		
	Kansas City		MO	64108
		CITY A	STATE 🔺	ZIP CODE
Relationship: X Connected	Organization Affilia	ated Organization	Joint Fundraising Representativ	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.

	Gibbs, Jody	/, , ,																											
Full Name																													
Mailing Address		13871	TR 4	73																									
		Lakvill	e															0	H		4	463	88						
							С	ITY									S	TA	TE					ZI	ΡC	E 4			
Title or Position	7																												
Treasurer												٦	Tele	pho	one	nu	mb	er		330	0	] –		763	3		122	.4	

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	Gibbs, Jody, , ,
of Treasurer	
Mailing Address	13871 TR 473
	Lakeville     OH     44638
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 330 - 378 - 4357

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Full Name of Designated Agent	Schlabach, Shanna, , ,					
Mailing Address	10375 PR 275					
	Millersburg     OH     44654       I					
	CITY A STATE A Z					
Title or Position	,					
Assistant Treasur	er 	63 4480				

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.

L	PNC Bank		
Mailing Address	USX Tower, 600 Grant Street		
	Pittsburgh	PA	15219
	CITY ▲	STATE ▲	ZIP CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

1										
1. 🗋					FEC	ID number	С			
2.					FEC	ID number	С			
3.				1	FEC	ID number	С			
4.					FEC	ID number	С			
Name of	Any Connected C	Drganization, Aff	filiated Committe	e, Joint Fun	draising R	epresentativ	e, or Lea	adership	D PAC S	Spons
Sam	Graves Leadersh	ip Fund								
Ма	iling Address	2345 Grand 18	th Fl							
										1 1
		Kansas City			1	MO	64	108		
						L⊥⊥ STATE ▲		ZIF	CODE	
Re	lationship:		CITY 🔺							
	Lationship: Connected Agent: Identify		CITY A Affiliated Commi		nt Fundrais	ing Represent	ative	Leade	ership P/	AC Spo
Designat	X Connected		Affiliated Commi		nt Fundrais		ative	Leade		AC Spo
Designat Full 1	Connected		Affiliated Commi		nt Fundrais		ative	Leade		AC Sp(
Designat Full 1	Connected		Affiliated Commi		nt Fundrais		ative	Leade		AC Sp(
Designat Full 1	Connected		Affiliated Commi		nt Fundrais		ative	Leade		AC Spo
<b>Designat</b> Full Mailir	Connected	by name, addres	Affiliated Commi		nt Fundrais	ing Represent	ative		Prship PA	
<b>Designat</b> Full Mailir	Connected	by name, addres	Affiliated Commi	r – optional)	nt Fundrais	ing Represent	ative			

**Optional Supplemental Information** of <sup>7</sup> for Lines 5(g) or (h), 6, 8 and/or 9 Page \_\_\_\_ FEC Form 1S (Revised 02/2017) 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 Telephone Number 1 1 1 

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.	<sup>r</sup> Club Bank, N.A.						
Mailing Address	PO Box 410889						
	Kansas City				MO	64141	
		CITY 🔺			STATE A	ZIP CODE 🔺	1

**Optional Supplemental Information** of <sup>7</sup> for Lines 5(g) or (h), 6, 8 and/or 9 Page \_\_\_\_ FEC Form 1S (Revised 02/2017) 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 Telephone Number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

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Name of Bank, Hunting Depository, etc.	gton Bank	
Mailing Address	17 S High St	
	Columbus     OH     43215       -     -     -	
	CITY ▲ STATE ▲ ZIP CODE ▲	I