Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Calfee Fund For Good Government 1405 East Sixth Street ADDRESS (number and street) (Check if address is changed) Cleveland 44114 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jlang@calfee.com (Check if address is changed) Optional Second E-Mail Address claughlin@calfee.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2021 C00351635 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. Lang, James, , , Type or Print Name of Treasurer Lang, James, , , [Electronically Filed] 09 02 2021 Signature of Treasurer Date 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

Local 202-694-1100

F50 <b>-</b>		D <b>0</b>
	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e Committee:	
(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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)	
Joint Fund	draising 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees 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 Nam	ne	
Calfee Fund Fo	or Good Government	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
1		
Mailing Address		
Maining Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Idea books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Seibert, P	Kathryn, A, ,	
Mailing Address	1405 East Sixth Street	
Manning Add. 555		
	Cleveland OH 4417	14
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number 216	- 622 - 8339
5. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name Lang, Jar of Treasurer	nes, , ,	
Mailing Address	1405 East Sixth Street	
		4-2688
Title or Position Treasurer	CITY STATE	ZIP CODE 8563
	Telephone number	

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		
Name of Bank, I	oxes or maintains funds.	
	Depository, etc.  Huntington National Bank	
Name of Bank, I	Depository, etc.  Huntington National Bank	1558
Name of Bank, I	Depository, etc.  Huntington National Bank PO Box 1558	1558 121P CODE
Name of Bank, I	Depository, etc.  Huntington National Bank  PO Box 1558  Columbus  CITY  STATE	
Name of Bank, I	Depository, etc.  Huntington National Bank  PO Box 1558  Columbus  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Huntington National Bank  PO Box 1558  Columbus  CITY  STATE	ZIP CODE
Name of Bank, I	Depository, etc.  Huntington National Bank  PO Box 1558  Columbus  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Huntington National Bank  PO Box 1558  Columbus  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Huntington National Bank  PO Box 1558  Columbus  CITY  STATE  Depository, etc.	ZIP CODE