PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) GRANGE MUTUAL HOLDING CO. POLITICAL ACTION COMMITTEE 671 SOUTH HIGH STREET ADDRESS (number and street) PO BOX 1218 (Check if address is changed) COLUMBUS 43216 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MassieW@grangeinsurance.com (Check if address is changed) Optional Second E-Mail Address swilliams@bricker.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.grangeinsurance.com/ (Check if address is changed) DATE 09 2021 C00302695 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. Massie, Wendy, , , Type or Print Name of Treasurer Massie, Wendy,,, [Electronically Filed] 12 09 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 scommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.	vo or more political
	Com	mittees 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 Na	ime	
GRANGE MU	TUAL HOLDING CO. POLITICAL ACTION C	OMMITTEE
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
GRANGE MUTUAL	HOLDING CO.	
Mailing Address	671 SOUTH HIGH ST.	
	PO BOX 1218	
	COLUMBUS OH 43206	
	CITY STATE	ZIP CODE
Relationship: X Connec	cted Organization	eadership PAC Sponsor.
books and records. Massie Full Name Mailing Address	, Wendy, , , 671 SOUTH HIGH STREET PO BOX 1218 COLUMBUS OH 43206	
Title or Position	CITY STATE	ZIP CODE
Corporate Paralegal		445 – 2607
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the r	name and address of
	Wendy, , ,	
of Treasurer	671 SOUTH HIGH STREET	
Mailing Address	PO BOX 1218	
	COLUMBUS	_
	CITY STATE	ZIP CODE
Title or Position Corporate Paralegal		445 2607

Telephone number

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	or Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. PNC Bank One Financial Parkway	
safety deposit b Name of Bank,	Depository, etc. PNC Bank One Financial Parkway	
safety deposit b Name of Bank,	Depository, etc. PNC Bank One Financial Parkway	9
safety deposit b Name of Bank,	Depository, etc. PNC Bank One Financial Parkway	2IP CODE
safety deposit b Name of Bank,	Depository, etc. PNC Bank One Financial Parkway Kalamazoo CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank One Financial Parkway Kalamazoo CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank One Financial Parkway Kalamazoo CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank One Financial Parkway Kalamazoo CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank One Financial Parkway Kalamazoo CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank One Financial Parkway Kalamazoo CITY STATE Depository, etc.	