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STATEMENT OF **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. Ohio Conservatives for a Change PO Box 924 ADDRESS (number and street) (Check if address is changed) Grove City 43123 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Info@OhioConservativesforaChange.org (Check if address is changed) Optional Second E-Mail Address fec@langdonlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2017 C00638502 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. Riter, Joel, , , Type or Print Name of Treasurer Riter, Joel, , , [Electronically Filed] 06 2017 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 Only Local 202-694-1100

| FI | FC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-----------------|-------------------|--|--|
| TYPE | OF C | OMMITTEE | 1 4go 2 |
| Cano | didate | Committee: | |
| (a) | Ш | 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. (Cominformation below.) | plete the candidate |
| Name Candi | | | |
| Candid Party | date Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candid | | | |
| Party | y Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | (Democratic, Republican, etc.) Party. |
| Politi | ical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | 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) | x | 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 | raising 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 two committees/organizations, none of which is an authorized committee of a federal candidate. | o 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 Name | | · |
| Ohio Conservat | ives for a Change | |
| | organization, Affiliated Committee, Joint Fundraising Represent | tative, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STA | ATE ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Repr | resentative Leadership PAC Sponso |
| Custodian of Records: Ider books and records. | tify by name, address (phone number optional) and position of | the person in possession of committee |
| Elgin, Brad | ļ,,, | |
| Mailing Address | PO Box 924 | |
| | | |
| | Grove City O | H 43123 |
| Title or Position | CITY STAT | TE ZIP CODE |
| Custodian of Records | Telephone number | |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the commissistant treasurer). | mittee; and the name and address of |
| Full Name Riter, Joel, of Treasurer | ,, | |
| Mailing Address | PO Box 924 | |
| | | |
| | Grove City | H 43123 |
| Title or Position | CITY STAT | E ZIP CODE |
| Treasurer | Telephone number | |

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| | | |
| Full Name of Designated Lango Agent Lango | don, David, R., , | |
| Mailing Address | 8913 Cincinnati-Dayton Road | |
| | | |
| | West Chester CITY STATE | 069 ZIP CODE |
| Title or Position Assistant Treasurer | Telephone number | |
| Banks or Other Depos safety deposit boxes or | sitories: List all banks or other depositories in which the committee deposits funds, | holds accounts, rents |
| Name of Bank, Deposito | ory, etc. | |
| Name of Bank, Deposite | | |
| Name of Bank, Deposito | ory, etc. | |
| Name of Bank, Deposite | ory, etc. | 101 |
| Name of Bank, Deposite | ain Bridge Bank, N.A. 1445-A Laughlin Avenue | 101 ZIP CODE |
| Name of Bank, Deposite | ain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE | |
| Name of Bank, Deposite Cha Mailing Address | ain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE | |
| Name of Bank, Deposite Cha Mailing Address | ain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE ory, etc. | ZIP CODE |
| Name of Bank, Deposite Cha Mailing Address Name of Bank, Deposite | ain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE ory, etc. | ZIP CODE |
| Name of Bank, Deposite Cha Mailing Address Name of Bank, Deposite | ain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE ory, etc. | ZIP CODE |

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: