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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) over the lines. is changed) Ohio Environmental Council Action Fund PAC 1145 Chesapeake Ave ADDRESS (number and street) Suite I (Check if address is changed) Columbus 43212 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS scott@hubayllc.com (Check if address is changed) Optional Second E-Mail Address tdougherty@theoec.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2019 C00713644 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. Hubay, Scott, M,, Esq. Type or Print Name of Treasurer Hubay, Scott, M,, Esq. [Electronically Filed] 07 25 2019 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

	EEC E o	rm 1 (Pavisad 02/2000)	Page 2
		OMMITTEE	i aye 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:	(5)
(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 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Write or Type Committee Name Ohio Environmental Council Action Fund PAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor LEAGUE OF CONSERVATION VOTERS ACTION FUND THE FLOOR WASHINGTON CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. Hubay, Scott, M., Esq. Full Name Mailing Address PO Box 6623 Cleveland		FFC Form 1 (Povi	isad 02/2009)	Page 3
Ohio Environmental Council Action Fund PAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor LEAGUE OF CONSERVATION VOTERS ACTION FUND Mailing Address 740 15TH 5T NW Mailing Address 77H FLOOR WASHINGTON CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. Hubay, Scott, M., Esq. Full Name PO Box 6623 Mailing Address PO Box 6623 All 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 of 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 of 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 OH 44101 CITY STATE ZIP CODE Title or Position 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 OH 44101 STATE ZIP CODE	Wri			raye 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor LEAGUE OF CONSERVATION VOTERS ACTION FUND Mailing Address 740 15TH ST NW 740 15TH ST NW TIT FLOOR WASHINGTON CITY STATE ZIP CODE Relationship: Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CUSTODIA Relationship: Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE Treasurer Telephone number Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Treasurer Telephone number Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor CITY STATE ZIP CODE Treasurer: List the name and address (phone number optional) and position of the person in possession of committee books and records. Title or Position City STATE ZIP CODE 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 of Treasurer Mailing Address PO Box 6623 Light State CITY STATE ZIP CODE Title or Position Treasurer ZIG 282 6732		•		
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Relationship: Connected Organization				oc 20005
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Full Name Mailing Address PO Box 6623 Mailing Address Cleveland Cleveland			: Identify by name, address (phone number optional) and position of	of the person in possession of committee
Mailing Address PO Box 6623 Cleveland Cle			ay, Scott, M, , Esq.	
Cleveland Cleveland CITY STATE CIP CODE Treasurer Telephone number Telephone number Telephone number CITY STATE CIP CODE 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 Hubay, Scott, M, , Esq. of Treasurer Mailing Address PO Box 6623 Mailing Address CITY STATE ZIP CODE Title or Position Treasurer 216 282 6732			PO Box 6623	
Title or Position CITY STATE ZIP CODE Treasurer Telephone number Telephone num	I	Mailing Address		
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 Hubay, Scott, M, , Esq. of Treasurer Mailing Address PO Box 6623 Cleveland CITY STATE ZIP CODE Title or Position Treasurer 216 282 6732			Cleveland	OH , 44101 , ,
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 Hubay, Scott, M, , Esq. of Treasurer Mailing Address PO Box 6623 Cleveland CITY STATE ZIP CODE Title or Position Treasurer 216 282 6732				
Telephone number Telephone nu	Т	Title or Position	CITY STA	ATE ZIP CODE
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Mailing Address PO Box 6623 Cleveland CITY STATE ZIP CODE Title or Position Treasurer 216 282 6732			y, Scott, M, , Esq.	ı
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CITY STATE ZIP CODE Title or Position Treasurer 216 1 282 1 6732	N	Mailing Address		
CITY STATE ZIP CODE Title or Position Treasurer 216 1 282 1 6732			. Clayeland	244404
Title or Position Treasurer 216 1 282 1 6732				
			Telephone number	

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Full Name of Designated Agent	Daugherty, Trent, , , Esq.	
Mailing Address	1145 Chesapeake Ave	
	Suite I	
	Columbus OH 43212 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer	487 - 7506
		us accounts, rents
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holicizes or maintains funds. Depository, etc. Huntington National Bank	1
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, D	Depository, etc. Huntington National Bank	
safety deposit bo Name of Bank, D	Depository, etc. Huntington National Bank	
safety deposit bo Name of Bank, D	Depository, etc. Huntington National Bank 11457 Mayfield Rd	ZIP CODE
safety deposit bo Name of Bank, D	Depository, etc. Huntington National Bank 11457 Mayfield Rd Cleveland CITY STATE	ZIP CODE
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Huntington National Bank 11457 Mayfield Rd Cleveland CITY STATE	ZIP CODE
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Huntington National Bank Cleveland CITY STATE Depository, etc.	ZIP CODE
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safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Huntington National Bank Cleveland CITY STATE Depository, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page _5 **of** 8___

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spor
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	00 PROAD CEREST COST I SI COST		
Mailing Address	30 BROAD STREET 30TH FLOOR		
	NEW YORK	NY NY	10004
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ___ **of** ____

5(g)	or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundra ation Voters Congressional Action Fu	aising Representative, or Leadership PAC Sponsor
	Mailing Address	PO Box 63	
		Billings	MT 59103 - -
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative Leadership PAC Sponso
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		1	lephone Number
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	he committee deposits funds, holds accounts, rents
	Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Mailing Address		
		1, , , , , , , , , , , , , , , , , , ,	

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

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Page ____ **of** ____

CITY A	STATE A Telephone Number	ZIP CODE A
CITY Anization Affiliated Committee Jumps ame, address (phone number – optional) CITY A CITY A List all banks or other depositories in white	STATE A Telephone Number	ative Leadership PAC Spo
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CITY A		
	QTATE A	ZIP CODE ▲
	L CA	34012
AKLAND	ı ca ı	, 94612
0 FRANK H. OGAWA PLAZA, STE 1100		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
<u>-</u>	Organization, Affiliated Committee, Joint Funcal Council Action Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	1145 Chesapeake Ave		
	Suite I		
	Columbus	OH	43212
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Lanks or Other Depositor afety deposit boxes or mailane of Bank,	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc.	CITY A	Telephone Number	