Image# 202006269244217746							
Г							
FEC							
FORM 1							

06/26/2020 09 : 53

PAGE 1 / 4 🗕

1

STAT	EME	INT	OF
ORG	ANIZ	ΖΑΤΙ	ON

FORM 1		-	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Schroder Ohio Vi	ictory Fund		1
ADDRESS (number and street)	PO Box 9		
(Check if address is changed)			
	Lexington └──└──└──└── CITY ▲		KY 40588 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address	chris@pattonprocessir	ng.com	
is changed)			
	Optional Second E-Mail Ad		
2. DATE	D / Y Y Y Y		
3. FEC IDENTIFICATION N	UMBER ► C c	:00748723	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Patton, Chris, , ,		
Signature of Treasurer	m, Chris, , ,	[Electronically Filed]	Date 06 / 26 / 2020
NOTE: Submission of false, erron		may subject the person signing th	nis Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

ſ

FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE Candidate Committee: (a) Image: This committee is a principal campaign committee. (Complete the candidate information be (b) Image: This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the campaign committee.)	
Candidate Committee: (a) Image: This committee is a principal campaign committee. (Complete the candidate information between the candidate information between the campaign committee. (Complete the candidate information between the campaign committee.) (b) Image: This committee is an authorized committee, and is NOT a principal campaign committee.	(Complete the candidate
 (a) This committee is a principal campaign committee. (Complete the candidate information be (b) This committee is an authorized committee, and is NOT a principal campaign committee. 	(Complete the candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee.	(Complete the candidate
mormation below.)	State
Name of Candidate	State
Candidate Office Party Affiliation Office Sought: House Senate Preside	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	e.
Name of Candidate Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It	s connected 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) This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee)	ate segregated fund or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
OHIO DEMOCRATIC PARTY 1. FEC ID number C	C00016899
2. FEC ID number C	C00711630
3 FEC ID number C	
4 FEC ID number C	

FEC Form 1 (Revised 02/2009)

4182

859

Telephone number

533

Write or Type Committee Name

Treasurer

Schroder Ohio Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address											
	CITY	STATE	ZIP CODE								
Relationship: Connected	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor										
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) a	nd position of the person	in possession of committee								
Patton, Chi	is, , ,										
Full Name											
Mailing Address	PO Box 9										
		KY 40)588 -								
Title or Position	CITY	STATE	ZIP CODE								

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).

1

1 1 1

Full Name of Treasurer	Patton, Chris, , ,
Mailing Address	PO Box 9
	Lexington
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 859 533 4182

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent										1																	
Mailing Address																											
																	L			L							
						(CIT	Y									STA	ΤE				ZI	ΡC	COD	Ε		
Title or Position																											
												Tele	eph	ione	e n	umt	ber										

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.

Repub	lic Bank		
Mailing Address	601 W. Market Street		
		KY 4020	2
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE