Only

STATEMENT OF

PAGE 1/5

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. VSS&P FEDPAC 52 E. Gay Street ADDRESS (number and street) P.O. Box 1008 (Check if address is changed) Columbus 43216-1008 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JJKULEWICZ@VORYS.COM (Check if address is changed) Optional Second E-Mail Address FEMILLS@VORYS.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2013 C00220764 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. JOHN J. KULEWICZ Type or Print Name of Treasurer JOHN J. KULEWICZ [Electronically Filed] 05 2013 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

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2			
		rm 1 (Revised 02/2009) OMMITTEE	raye Z			
		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. (Cominformation below.)	nplete the candidate			
Nam Can	e of didate					
	didate y Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party			
		X 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.	•			
(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	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name		
VSS&P FEDPA	C	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE		
Mailing Address		
	CITY STATE ZI	P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponso
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in posse	ession of committee
JOHN J. KU Full Name	JLEWICZ	
Mailing Address	52 EAST GAY STREET, PO BOX 1008	
	COLUMBUS OH 43216-1000	B –
Title or Position	CITY STATE ZI	P CODE
TREASURER	Telephone number 614 46	5634
 Treasurer: List the name and any designated agent (e.g., as 	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	e and address of
Full Name JOHN J. KL	ILEWICZ	
of Treasurer		
Mailing Address	52 EAST GAY STREET, PO BOX 1008	
	COLUMBUS OH 43216-1008	B -
T11 0 11	CITY STATE ZII	P CODE
Title or Position TREASURER	Telephone number	4 - 5634

	(Revised 02/2009)	Page 4
Full Name of Designated FRI Agent	REDERICK MILLS	
Mailing Address	1296 CARRON DRIVE	
	COLUMBUS OH CITY STATE	43220 ZIP CODE
Title or Position ASSISTANT TREASI	SURER Telephone number	614 - 464 - 8395
<u> </u>	IFTH THIRD BANK	
Mailing Address	PO BOX 182026	
		43218-2026
	PO BOX 182026	
	PO BOX 182026 COLUMBUS CITY STATE	
Mailing Address	PO BOX 182026 COLUMBUS CITY STATE	
Mailing Address Name of Bank, Depos	PO BOX 182026 COLUMBUS CITY STATE	
Mailing Address	PO BOX 182026 COLUMBUS CITY STATE	
Mailing Address Name of Bank, Depos	PO BOX 182026 COLUMBUS CITY STATE	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE ASSISTANT TREASURER 614 464 Telephone number [ADDITIONAL] Joint Fundraiser Participant FEC ID number