2017 - 02 - 02 - 05 - 00137764

FEC FORM 1

STATEMENT OF **ORGANIZATION**

FEC MAIL CENTER 2017 FEB -2 AM 11:54

| | | | Office Use Only | | |
|--|-------------------------------|--|--|--|--|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | | |
| Democratic Women's | ssues Group | | | | |
| | | <u> </u> | | | |
| ADDRESS (number and street) | 240 S. Greenmoun | t Avenue | | | |
| (Check if address is changed) | Springfield, | | ОН 4 5505 | | |
| | | CITY | STATE ZIP CODE | | |
| COMMITTEE'S E-MAIL ADDRE | SS (Please provide only one e | -mail address) | | | |
| (Check if address is changed) | clarkwigs1@gmail | .com | | | |
| COMMITTEE'S WEB PAGE AD | DRESS (URL) | | | | |
| (Check if address is changed) | | | | | |
| 2. DATE 01. 30. | 2017. | | | | |
| 3. FEC IDENTIFICATION N | JMBER C00 | 478883 | | | |
| 4. 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. | | | | | |
| Type or Print Name of Treasure | Janet Oberlin | | | | |
| | Sent Obu | lin | Date 01 30 2017 | | |
| | | may subject the person signing the | is Statement to the penalties of 2 U.S.C. §437g. | | |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | PEL PLIENT | | |

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|----|---|---|--|--------------------------------------|--|--|
| 5. | TYPE | OF C | OMMITTEE | , | | |
| | Can | didate | Committee: | | | |
| | (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | | |
| | (b) | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| | Name of Candidate | | | | | |
| | Candi Party | idate Affiliatio | Office Sought: House Senate President | State District | | |
| | (c) , This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| | Name Candi | | | | | |
| | Part | y Con | nmittee: | | | |
| | (d) | | | emocratic, publican, etc.) Party. | | |
| | Polit | tical A | ction Committee (PAC): | | | |
| | (e) | П | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | cted organization is a: | | |
| | (0) | ш | | abor Organization | | |
| | | | | Cooperative | | |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| | (f) | \bowtie | This committee supports/opposes more than one Federal candidate, and is NOT a separate segre | egated fund or party | | |
| | committee. (i.e., nonconnected committee) | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| | | | In addition, this committee is a Leadership FAO. (Identity sponsor on line 0.) | | | |
| | Joint Fundraising 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. | 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. | or more political | | |
| | Committees Participating in Joint Fundraiser | | | | | |
| | | | | | | |
| | | 1. | | ~~~~~ | | |
| | | 2. | FEC ID number | | | |
| | | 3. | FEC ID number | | | |
| | | 4. | FEC ID number | | | |

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|--|--|-----------------------------------|
| Write or Type Committee Na | | 3 |
| Democratic Women | 's Issues Group | |
| | d Organization, Affiliated Committee, Joint Fundralsing Representative | e, or Leadership PAC Sponsor |
| | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Conne | cted Organization Affiliated Committee Joint Fundraising Represen | ntative Leadership PAC Sponsor |
| 7. Custodian of Records: I books and records. | Identify by name, address (phone number optional) and position of the | person in possession of committee |
| Full Name Cheri | Crothers | |
| Mailing Address | [1235 Torrence Drive | 111111111 |
| - | | |
| | Springfield OH | 45503, I ₋ I , , |
| Title or Position | CITY STATE | ZIP CODE |
| President | Telephone number | 37,460,7259 |
| 8. Treasurer : List the name any designated agent (e. | and address (phone number optional) of the treasurer of the committe g., assistant treasurer). | e; and the name and address of |
| Full Name of Treasurer Janet | : Oberlin | |
| Mailing Address | 240 S, Greenmount Avenue | |
| | | |
| | Springfield OH | 45505, - - |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | |

| Agent | | | <u> </u> |
|--|---------------------------|---------------------------------------|--|
| Mailing Address | | | |
| | | 1111111 | |
| | CITY | STATE | ZIP CODE |
| Title or Position | | Telephone number | |
| safety deposit boxes Name of Bank, Depo | | hich the committee deposits fu | nds, holds accounts, rents |
| 29 | | _1 | |
| Mailing Address | 40 Şouth Limestone Street | | |
| | | | |
| | Springfield | OH J | <u> </u> |
| | Springfield CITY | 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 | ZIP CODE |
| Name of Bank, Depo | CITY | | ZIP CODE |
| Name of Bank, Depo | CITY | | ZIP CODE |
| Name of Bank, Depo | CITY | | ZIP CODE |

CITY

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ZIP CODE

STATE

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RECEIVED FEC MAIL CENTER

2017 FEB -2 AM 11: 54

STATES POSTAL SERVICE

LEASE PRESS FIRMLY

e Mailing Envelope

usps.com

340 S. Boren mount An Janet Regulin From:/Expéditeur:

ns are required. Consult the Mail Manual (IMM) at pe.usps.gov associate for details.

VAL RESTRICTIONS APPLY:

FEBERAL Election Commission 949 £ Staut NW To:/Destinataire:

MAShungton DC 20463

Expected Delivery Day: 02/02/2017

USPS TRACKING NUMBER

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U.S. POSTAGE PAID SPRINGFIELD, OH JAN 31, 17 AMOUNT

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indica | |
|--|--------------------------|
| Hand Delivered | Date of Receipt |
| Postmarked USPS First Class Mail | Date of Receipt |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| USPS Priority Mail Express | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| Next Busi | ness Day Delivery |
| Received from House Records & Registration Office | Date of Receipt |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | of Receipt or Postmarked |
| PREPARER | 2/2/17 DATE PREPARED |
| (3/2015) | • |