## STATEMENT OF

PAGE 1 / 4 =

FORM 1		ORGANIZ	ZATION		25.
1. NAME OF		(Check if name	Example: If typing, type	12FE4M5	Office Use Only
COMMITTEE (in		is changed)	over the lines.		
Greek Ame	rican F	Political Action (	Committee 2016 (	Greek Ame	erican PAC 16)
ADDRESS (number a	nd street)	75 E. Gay Street			
Check if address is changed)		Suite 200			
is changed	')	Columbus CITY ▲		OH 43 STATE ▲	2215 ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRES	SS			
(Check if a is changed		greekpac16@gmail.c	com		
		Optional Second E-Mail A eric.lycan@dinsmo			
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL)			
2. DATE 09		2015			
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C00586743		
4. IS THIS STATEM	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	xamined thi	is Statement and to the be	est of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of	of Treasurer	Jan Antonoplos			
Signature of Treasure	er Jan Ar	atonoplos	[Electronically Filed]	Date 08	09 / 2016
NOTE: Submission of			on may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>				
TYP	E OF C	OMMITTEE	1 ago 2				
Car	ndidate	ate 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.)	plete the candidate				
Nam Cand	e of didate						
	didate y Affiliati	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	/ Committee:					
(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 cor	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 secommittee. (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 Func	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.	vo 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.	vo or more political				
	Com						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

l	FEC <b>Form 1</b> (Revised	02/2009)			Page <b>3</b>
V	Vrite or Type Committee Nam				<u> </u>
(	Greek American	Political Action Com	mittee 2016 (C	Greek Am	erican PAC '16)
6.		Organization, Affiliated Committee,	•		
N	ONE				
L					
	Mailing Address				
				1 1 1	
		CITY		STATE	ZIP CODE
	Relationship: Connected	ed Organization Affiliated Committee	ee Joint Fundraising	Representative	Leadership PAC Sponsor
<b>'</b> .	Custodian of Records: Ide books and records.	entify by name, address (phone numb	er optional) and position	on of the person	in possession of committee
	Geroge L	imbert			1
	Full Name	75 E. Gay Street			
	Mailing Address	Suite 200			
		Columbus		OH 43	3215
	Title or Position	CITY		STATE	ZIP CODE
	Custodian		Telephone num	ber	]
3.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optiona assistant treasurer).	l) of the treasurer of the	committee; and	the name and address of
	Full Name Jan Antor	noplos			1
	of Treasurer  Mailing Address	75 E. Gay St., Ste 200			
	Maning Addices				
		Columbus		OH    43	215
		CITY		STATE	ZIP CODE
	Title or Position		Tolophone surel	nor	  -  , ,  -  , ,
			Telephone numb	Jei L	

FEC <b>For</b> r	m 1 (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated	George Limbert				
Agent					
Mailing Address	75 E. Gay Street				
	Columbus OH 43215				
	CITY STATE ZIF	CODE			
Title or Position	Telephone number				
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.  Huntington National Bank					
Marillon or Antalogue	41 S. High Street				
Mailing Address					
	Columbus				
	CITY STATE ZII	CODE			
Name of Bank,	Depository, etc.				
Mailing Address					
	CITY STATE ZII	P CODE			