

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC AFFAIRS

17 SEP 27 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

Friends to elect Melissa Ackison

ADDRESS (number and street) 43597 Leiper Perkins road

[] (Check if address is changed)

MARYSVILLE OH 43040 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

[] (Check if address is changed) melissiaackisonforsenate@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed) melissiaackisonforsenate.com

2. DATE 09/21/2017

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] 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 Treasurer Danielle Spencer

Signature of Treasurer Danielle Spencer Date 09/22/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

20170927020028013

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate Melissa Ackison

Candidate Party Affiliation Rep Office Sought: House Senate President State OH District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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.) Its connected 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 segregated 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.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

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Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Danielle Spencer

Mailing Address

4159 Marsol Ave

Grove City

OH

43123

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

614-361-0989

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).

Full Name of Treasurer

Danielle Spencer

Mailing Address

4159 Marsol Ave

Grove City

OH

43123

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

614-361-0989

201709270208280813

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

Richardson Bank

Mailing Address

249 West 5th Street

[Empty grid line]

Marysville OH 43040

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

70327020020015

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. **Designated Agent: Identify by name, address (phone number - optional)**

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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

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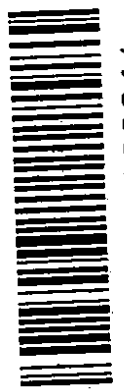


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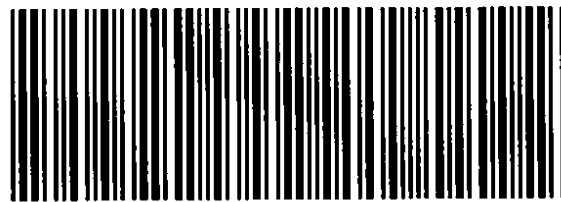
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