FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Managed Care with Heart Co. PO Box 307328 ADDRESS (number and street) (Check if address is changed) Columbus 43230 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@managedcarewithheart.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) managedcarewithheart.com (Check if address is changed) DATE 2019 C00732644 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. Richards, Kylie, , , Type or Print Name of Treasurer Richards, Kylie, , , [Electronically Filed] 01 2020 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 Only

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation Corporation w/o Capital Stock Labor Organization in addition, this committee is a Lobbyist/Registrant PAC. (b) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC.			
Name of Candidate Candidate Party Affiliation City 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 "Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation Corporation w/o Capital Stock Labor Organization 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 segregated fund or promittee. (i.e., nonconnected committee) 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No 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 procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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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		In addition, this committee is a Lobbyist/Registrant PAC.	
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1. FEC ID number C 2. FEC ID number C	(n)		wo or more political
2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee Nam	e	
Managed Care	with Heart Co.	
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Spons
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
Richards,	Kylie, , ,	
Full Name	Kylie, , , , , , , , , , , , , , , , , , ,	
Full Name		43230
Full Name	PO Box 307328	43230
Full Name	PO Box 307328	43230 ZIP CODE
Full Name	PO Box 307328 Columbus OH	
Full Name Mailing Address Title or Position	PO Box 307328 Columbus CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee	ZIP CODE 614 - 596 - 0942
Full Name Mailing Address Title or Position Treasurer: List the name ar	PO Box 307328 Columbus CITY STATE Telephone number ad address (phone number optional) of the treasurer of the committee assistant treasurer).	ZIP CODE 614 - 596 - 0942
Full Name Mailing Address Title or Position Treasurer: List the name ar any designated agent (e.g., Full Name Richards,	PO Box 307328 Columbus CITY STATE Telephone number ad address (phone number optional) of the treasurer of the committee assistant treasurer).	ZIP CODE 614 - 596 - 0942
Title or Position Treasurer: List the name ar any designated agent (e.g., Full Name of Treasurer	PO Box 307328 Columbus CITY STATE Telephone number ad address (phone number optional) of the treasurer of the committe assistant treasurer). Kylie, , ,	ZIP CODE 614 - 596 - 0942
Title or Position Treasurer: List the name ar any designated agent (e.g., Full Name of Treasurer	PO Box 307328 Columbus CITY STATE Telephone number ad address (phone number optional) of the treasurer of the committe assistant treasurer). Kylie, , ,	ZIP CODE 614 - 596 - 0942
Title or Position Treasurer: List the name ar any designated agent (e.g., Full Name of Treasurer	PO Box 307328 Columbus CITY STATE Telephone number ad address (phone number optional) of the treasurer of the committe assistant treasurer). Kylie, , ,	ZIP CODE 614

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Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone num	nber	
Name of Bank, Deposit			
Name of Bank, Deposit	maintains funds.	OH	43215
Name of Bank, Deposit	r maintains funds. tory, etc. ntington 17 South High Street Columbus		
Name of Bank, Deposit	ntington 17 South High Street	OH STATE	43215 ZIP CODE
Name of Bank, Deposit	r maintains funds. tory, etc. ntington 17 South High Street Columbus CITY		
Name of Bank, Deposit	r maintains funds. tory, etc. ntington 17 South High Street Columbus CITY		
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