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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. AMERICA'S FUTURE FUND PAC 150 SMOKERISE DRIVE ADDRESS (number and street) (Check if address is changed) WADSWORTH 44281 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sarah@rwcorwin.com (Check if address is changed) Optional Second E-Mail Address ill@rwcorwin,com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00494757 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. Corwin, Russell, W,, Type or Print Name of Treasurer Corwin, Russell, W,, [Electronically Filed] 01 2018 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising 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.	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.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FFC Form 1 (Davised)	22/2000)	Dana 2
FEC Form 1 (Revised (Page 3
	ITURE FUND PAC	
		ining Danyacantativa ay Landayahin DAC Shansay
	nganization, Alimated Committee, Joint Fundrais	ising Representative, or Leadership PAC Sponsor
Renacci		
Mailing Address	PO Box 88	
	Wadsworth	OH 44282
	CITY	STATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fu	undraising Representative 🗶 Leadership PAC Sponso
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) a	and position of the person in possession of committee
Corwin, Ro	ussell, W, ,	
	PO Box 690	
Mailing Address		
	Wadsworth	OH , 44682-0690 , ,
Title or Position	CITY	STATE ZIP CODE
	Telepi	phone number
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasuressistant treasurer).	urer of the committee; and the name and address of
Full Name Corwin, Ru	ussell, W, ,	
of Treasurer	PO Box 690	
Mailing Address		
	Wadsworth	OH 44682-0690 -
Title or Position , President	CITY	STATE ZIP CODE
I TOOLGOIN	Teleph	ohone number 330 - 336 - 1004

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Huntington Bank	
Mailing Address	102 Main Street	
Mailing Address	102 Main Street	ZIP CODE
Mailing Address Name of Bank, I	102 Main Street Wadsworth CITY STATE	
	102 Main Street Wadsworth CITY STATE	
	102 Main Street Wadsworth CITY STATE Depository, etc.	
Name of Bank, I	102 Main Street Wadsworth CITY STATE Depository, etc.	
Name of Bank, I	102 Main Street Wadsworth CITY STATE Depository, etc.	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	q Participant:			
- (3)	1.			FEC ID number	C
	2.			FEC ID number	C
	3.			FEC ID number	C
	4.			FEC ID number	C
	4.				
6.	Name of Any Connected	Organization Affiliated	Committee Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
0.	RENACCI VICTO			araioing noprocentair	s, or goddenomp the openion
	Mailing Address	150 SMOKERISE DR			
	Mailing Address				
		WA DOWODT!			44004
		WADSWORTH		OH	44281
	Relationship:	_	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affilia	ted Committee	int Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (pho	ne number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (pho	ne number – optional)		
8.		by name, address (pho	ne number – optional)		
8.	Full Name	by name, address (pho	ne number – optional)		
8.	Full Name	by name, address (pho	ne number – optional)		
8.	Full Name			STATE A	ZIP CODE A
8.	Full Name		CITY A	STATE A	ZIP CODE A
8.	Full Name		CITY A	STATE A Telephone Number	ZIP CODE A
8.	Full Name		CITY A		ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	ries: List all banks or oth	CITY A	Telephone Number	ZIP CODE s funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail	ries: List all banks or oth	CITY A	Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	ries: List all banks or oth	CITY A	Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail.	ries: List all banks or oth	CITY A	Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or oth	CITY A	Telephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or oth	CITY A	Telephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisir	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lama of Ann Ocumented	Ownershall a Affiliated Opposition Laint Franch	minima Donos contestino	and and analysis DAO Consu
Renacci for Ohio	Organization, Affiliated Committee, Joint Fundr Victory Fund	aising nepresentative	e, or Leadership FAC Spori
Mailing Address	150 Smokerise Drive		
	1		
	Wadsworth	OH	44281
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	y by name, address (phone number – optional)	<u> </u>	
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A