|   |             |  |   | R<br>FEC M                 | ECEIVED<br>MAIL CENTER           |
|---|-------------|--|---|----------------------------|----------------------------------|
| FEC                                       |             | STATEME  | NT OF   | 2016 AU                    | G-2 AM 7: 34                     |
| FORM 1                                    |             | ORGANIZ  | ATION   |                            | Office Use Only                  |
| 1. NAME OF<br>COMMITTEE (ir               | ı full)     | (Check if name<br>is changed)                            | Example:If typing, ty over the lines.   | pe 12FE4M5                 | ······                           |
| Wharton fo                                | or Con      | gress  |   |                            | ,<br>↓ ↓ ↓ ↓ ↓ ↓ ↓               |
| ADDRESS (number a                         |             | Box 411  | <u> </u>  |                            | <u> </u>                         |
| (Check if a is changed)                   | ddress      | Amanda   |   | Oh                         | 43102                            |
|   |             |  | CITY  | STATE                      |                                  |
| COMMITTEE'S E-M/                          | address     | SS (Please provide only one                              | e-mail address)   | .com                       |                                  |
| COMMITTEE'S WEE<br>(Check if<br>is change | address     | DRESS (URL)  | ongreșs.com   |                            | :<br>                            |
| 2. DATE                                   | <u> </u>    | 2016   |   |                            |                                  |
| 3. FEC IDENTIF                            | CATION NI   |  | 0553552   | ]                          |                                  |
| 4. IS THIS STATE                          |             | NEW (N) OR   |   | (A)                        | . ,                              |
| I certify that I have                     | examined th | nis Statement and to the be                              | st of my knowledge and t  | belief it is true, correct | and complete.                    |
| Type or Print Name                        | of Treasure | , George R V   | /harton   | <del>. ,</del>             |                                  |
| Signature of Treasur                      | er          | y whaten   |   | Date07                     | 24" (2016                        |
| NOTE: Submission of                       |             | eous, or incomplete information<br>ANY CHANGE IN INFORMA |   |                            | the penalties of 2 U.S.C. §437g. |
| Office<br>Use<br>Only                     |             |  | For further inform<br>Federal Election C<br>Toll Free 800-424-<br>Local 202-694-110 | ommission<br>9530          | FEC FORM 1<br>(Revised 02/2009)  |

|    | F              | EC FOR                 | rm 1 (Revised 02/2009) Page 2   |
|----|----------------|------------------------|---|
| 5. |                |                        | OMMITTEE  |
|    | Can            | didate                 | e Committee:  |
|    | (a)            | $\mathbf{X}$           | 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<br>Candi  |                        |   |
|    | Candi<br>Party | didate<br>/ Affiliatio | on Dem Office State Oh<br>Sought: X House Senate President District 15  |
|    | (c)            |                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |
|    | Name<br>Candi  |                        |   |
|    | Part           | tv Corr                | nmittee:  |
|    | (d)            |                        | (National, State   (Democratic,     This committee is a   or subordinate) committee of the   Republican, etc.) Party.   |
|    | Poli           | tical A                | ction Committee (PAC):  |
|    | (e)            |                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a  |
|    | (6)            | L                      | Corporation Corporation Corporation V/o Capital Stock Labor Organization  |
|    |                |                        | Membership Organization   |
|    |                |                        | In addition, this committee is a Lobbyist/Registrant PAC.   |
|    | (f)            | Π                      | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated 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           | it Fund                | Iraising Representative:  |
| •  | (g)            |                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political<br>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.            |
|    |                | Corr                   | mittees Participating in Joint Fundraiser   |
|    |                |                        |   |
|    |                | · 1.                   |   |
|    |                | 2.                     | FEC ID number   |
|    |                | 3.                     | FEC ID number   |
|    |                | 4.                     | FEC ID number   |

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|---|---|
| FEC Form 1 (Revise                                      | d 02/2009) · Page 3   |
| Write or Type Committee Na                              |   |
| Wharton for Co  |   |
|   | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor   |
|   |   |
|   |   |
|   | · · · · · · · · · · · · · · · · · · ·   |
| Mailing Address   | _ <u> </u>  |
|   |   |
|   |   |
| Relationship:   | ted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons   |
| books and records.                                      | dentify by name, address (phone number optional) and position of the person in possession of committer rate R Wharton   |
| Full Name   | rge R Wharton   |
| Mailing Address   | Box 411   |
|   |   |
|   | Amanda [Oh ] 43102  |
| Title or Position                                       | CITY STATE ZIP CODE   |
| Treasurer   | Telephone number 740, - 969, - 8811   |
| 8. Treasurer: List the name<br>any designated agent (e. | and address (phone number optional) of the treasurer of the committee; and the name and address of<br>., assistant treasurer).  |
| Full Name<br>of Treasurer                               | rge R Wharton   |
| Mailing Address   | Box 411   |
|   |   |
|   | Amanda Imanda |
| Title or Position                                       |   |
|   | Telephone number 7409698811   |
|   | -   |

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| FEC | Form    | 1 | (Revised  | 02/2009) | i. |
|-----|---------|---|-----------|----------|----|
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| Full Name of<br>Designated<br>Agent | ı Şylveşter                             |
|-------------------------------------|---|
| Mailing Address                     | Box 411                                 |
|                                     |   |
|                                     | Amanda Oh [43102]   CITY STATE ZIP CODE |
| Title or Position<br>Asst Treasurer | Telephone number [740] - [969] - [8811] |

Page 4

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.

|                 | <b>N</b> | ngsi       | tqr   | <u>ין</u> ו | la         | tio         | na             | Ę             | 3ąı | nk   |      | _L       |          | ļ |           | 1 | 1   | 1          | 1_   | 1 | 1 |      | ı           | 1                  | 1 |          | 1        |             |                |              | L                                     | L                  |          |  |
|-----------------|----------|------------|-------|-------------|------------|-------------|----------------|---------------|-----|------|------|----------|----------|---|-----------|---|---|------------|------|---|---|------|-------------|--------------------|---|----------|----------|-------------|----------------|--------------|---------------------------------------|--------------------|----------|--|
| Mailing Address |          |            | Ľ     | 13:         | <u>ې ۲</u> | Ņe          | st             | M             | ai  | n, s | St   | 1.       |          | I | 1         | 1 | 1   | 1          |      | 1 | I | 1    | L           |                    | 1 | 1        | 1        | 1           | 1              |              | 1                                     | L                  |          |  |
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|                 |          |            |       |             |            |             |                |               |     | Cł   | TΥ   |          |          |   |           |   |   |            |      |   | : | STA  | λŤΕ         |                    |   |          |          |             | Zł             | PO           | 200                                   | ЭE                 |          |  |
| Name of Bank,   | Depos    | itory,     | etc.  |             |            |             |                |               |     | _    |      |          |          |   |           |   |   |            |      |   |   |      | -           |                    |   |          |          |             |                |              |                                       |                    |          |  |
|                 |          |            |       |             |            |             |                |               |     |      |      |          |          |   |           |   |   |            |      |   |   |      |             |                    |   |          |          |             |                |              |                                       |                    |          |  |
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| Mailing Address | Ļ        | <u> </u> [ | <br>  |             | 1          | _I          | L]<br>L]       | └ <u></u>     |     |      |      |          |          |   | <br>}     |   |   |            | <br> |   | 1 | <br> | <br>        | <br>               |   |          |          |             | <br>           | <u>}</u><br> | <u>ا</u><br>ا                         | لیے لیا<br>لیے ۔ ا | LI<br>LJ |  |
| Mailing Address |          | <u> </u>   |       |             | -          | <br>        | LI<br>LI<br>LI | └ <u></u>     |     |      | <br> |          | - J      |   | <br>}<br> |   |   |            | <br> |   | 1 |      |             | ⊥-<br>⊥-<br>⊥<br>_ |   | <br><br> |          |             |                |              | ـــــــــــــــــــــــــــــــــــــ |                    |          |  |

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| Federal Election Commission<br>ENVELOPE REPLACEMENT PAGE FOR INCOMIN<br>The FEC added this page to the end of this filing to indica |                       |
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