

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SQUIRE SANDERS (US) LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

ADDRESS (number and street) 1200 19th Street, NW

(Check if address is changed) Suite 300

WASHINGTON DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) alex.shumate@squirepb.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 / 10 / 2014

3. FEC IDENTIFICATION NUMBER C C00444935

4. 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.

Type or Print Name of Treasurer Alex Shumate

Signature of Treasurer Alex Shumate *[Electronically Filed]* Date 06 / 10 / 2014

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.

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 _____

Candidate Party Affiliation Office Sought: House Senate President State
 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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

SQUIRE SANDERS (US) LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

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

Squire Patton Boggs PAC

Mailing Address 2550 M Street, NW

Washington

DC

20037

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 David S. Goodman

Mailing Address 4900 Key Tower

127 Public Square

Cleveland

OH

44114-1304

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number 216 - 479 - 8500

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 Alex Shumate

Mailing Address 2000 Huntington Center

41 South High Street

Columbus

OH

43215

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 614 - 365 - 2739

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for 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.

BB&T Bank

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

601 13th Street, NW

[Empty field for Mailing Address]

Washington DC 20005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Eagle Bank

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

1725 Eye Street, N.W.

[Empty field for Mailing Address]

Washington DC 20006

CITY

STATE

ZIP CODE