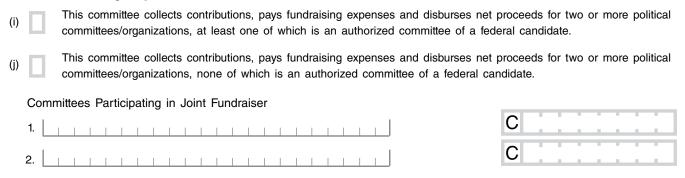
Image# 202303169579	263927							0.	PAGE	
FEC FORM 1		STATEI ORGAN								
1. NAME OF		(Check if na	me Exa	ample:If typing, typ	ie i	10004		ffice Use	Only	
COMMITTEE (in	full)	is changed)		r the lines.		12FE4	M5			
	e Missi	ion Political	Action (	Committee	e (Ca	reSo	urce	Mis	sion I	PAC)
ADDRESS (number ar	nd street)	65 E State St, Ste 20	1							
(Check if a is changed	ddress									
is changed	)					OH	432	215		
		CITY ▲				STATE A				
COMMITTEE'S E-MA	IL ADDRES	SS								
(Check if a is changed		admin@caresou	Ircemissionp	ac.com						
	/	Optional Second E-N	Mail Address							
COMMITTEE'S WEB	ddress	RESS (URL)								
2. DATE 12		D / Y Y Y Y 2022								
3. FEC IDENTIFIC	ation NU	MBER 🕨	C C008297	13	]					
4. IS THIS STATEM		NEW (N)	OR ×	AMENDED (	(A)					
I certify that I have e	xamined thi	s Statement and to th	ne best of my	knowledge and bel	lief it is	true, cor	rect and	l comple	ete.	
Type or Print Name of	of Treasurer	Stephan, Patrick, , ,								
Signature of Treasure	r <i>Stephan</i>	n, Patrick, , ,		[Electronically Filed	l] Da	ate	03	16	/ Y	2023
NOTE: Submission of t	alse, errone	ous, or incomplete infor ANY CHANGE IN INI	-		-			penaltie	s of 52 U.S	S.C. §30109
Office Use Only				For further informat Federal Election Con Toll Free 800-424-95 Local 202-694-1100	nmission	act:		-	FORM ed 06/2012	-

03/16/2023 12:06

FEC	C Form 1 (Revised 03/2022)	Page <b>2</b>					
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 orinformation below.)	candidate					
	Name of Candidate						
	Candidate Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	(d)    This committee is a    (National, State or subordinate) committee of the    (Democratic, Republican, et	tc.) Party					
	Political Action Committee (PAC):      (e)    x      This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	organization is a:					
	Corporation Corporation w/o Capital Stock	anization					
	Membership Organization Trade Association Cooperativ	e					
	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 f committee. (i.e., nonconnected committee)	und or party					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	(g) This committee is an independent expenditure-only political committee (Super PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)	).					
	In addition, this committee is a Lobbyist/Registrant PAC.						

## Joint Fundraising Representative:



Relationship:

FEC Form 1 (Revised 0	12/2009)	Page 3
Write or Type Committee Name		
CareSource Mis	sion Political Action Committee (CareSource Miss	sion PAC)
6. Name of Any Connected On CareSource Mission	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
Mailing Address	65 E State St, Ste 201	

43215

ZIP CODE

Leadership PAC Sponsor

OH

STATE

Joint Fundraising Representative

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

CITY

Affiliated Organization

|Columbus

X Connected Organization

Jackson, I	Dawn, , ,
Full Name	
Mailing Address	65 E State St, Ste 201
	Columbus      OH      43215
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number

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	Stephan, Patrick, , ,
of Treasurer	
Mailing Address	65 E State St, Ste 201
	Columbus      OH      43215        -      -      -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number  614  -  216  -  2238

FEC Form 1 (Revised 02/2009)				
Full Name of Designated Agent	Finnegan Priest, Caitlin, F., ,			
	65 E State St, Ste 201			
Mailing Address				
	Columbus      OH      43215			
	CITY A STATE A ZI	IP CODE		
Title or Position ▼				
Assistant Treasurer				

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.

	Huntington Natio	nal Bank	<u>                                      </u>	
Mailing Address	41 S. High S	Street		
	Columbus			43215
		CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, I	epository, etc.			
Mailing Address				
		CITY 🔺	STATE ▲	ZIP CODE ▲