	HAND DELIVERED
FEC FORM 1	STATEMENT OF ORGANIZATION 2015 JUL 23 AM 11: 42
1. NAME OF COMMITTEE (in full)	(Check if name Example:If typing, type is changed) over the lines.
KASICH FOR A	
ADDRESS (number and street)	P.O. Box 1344
is changed)	
COMMITTEE'S E-MAIL ADDRE (Check if address is changed)	CITY STATE ZIP CODE
COMMITTEE'S WEB PAGE AD (Check if address is changed)	indress (URL) WWW.johnkasich.com L
2. date 07 22	2 2015
3. FEC IDENTIFICATION N	
4. IS THIS STATEMENT	
I certify that I have examined t	this Statement and to the best of my knowledge and belief it is true, correct and complete. er SUZANNE E. MARSHALL
Signature of Treasurer	A Ellashall Date 07 22 2015
NOTE: Submission of false, error	neous, 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 Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 (Revised 02/2009) Local 202-694-1100

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TYPE OF C Candidate	COMMITTEE e Committee: 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.)	
Candidate		<u> </u>
Candidate Party Affiliati	ion REP Office Senate REP State State District	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Par	ty.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s a
	Corporation Corporation w/o Capital Stock	I
	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 par committee. (i.e., nonconnected committee)	rty
•	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising 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.	
Com	nmittees Participating in Joint Fundraiser	•
1.		
2.		
3.		
. 4.		j

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name KASICH FOR AMERICA 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo NONE	
KASICH FOR AMERICA 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo	
	nsor
ΊΝΟΝΕΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙ	
	• <u>•</u> ••
Mailing Address I	
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC	Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of co books and records. 	ommittee
Mailing Address CAPITOL SQUARE, SUITE 2100, 65 EAST STATE STREE	ΞΤ
	<u> </u>
Title or Position CITY STATE ZIP CODE	
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addr any designated agent (e.g., assistant treasurer). 	ess of
of Treasurer SUZANNE E. MARSHALL	
Mailing Address	
Mailing Address	
Mailing Address	■
Mailing Address CAPITOL SQUARE, SUITE 2100, 65 EAST STATE STREE L	T

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	PHILL	IP A, GREENBERG	<u> </u>		_ <u>1,,1_1_1_1_1_1_1_1_1_1</u>
Mailing Address		CAPITOL SQUARE,	SUITE 2100, 65 E	AST STAT	
Title or Position				OH J STATE	432,15
ΙΟΕΡΥΤΥ Ί	REASUI	RER	Telephone n	umber	<u>↓</u>] = <u>↓</u> , ↓ <u>↓</u> = <u>↓</u> , ↓ <u>↓</u>
Banks or Othe safety deposit b Name of Bank,	oxes or main		sitories in which the comm	nittee deposits f	funds, holds accounts, rents
	Huntin	gton Bank		<u> </u>	
Mailing Address	<u></u>	gton,Bank, [P.O. Box,1558,			
Mailing Address	<u></u>				
Mailing Address	<u></u>				43216,
Mailing Address	<u></u>	_I P,Q. Вох,1558			
Mailing Address		[P, Q. Вох, 1558 [[Columbus, спту			
		[P, Q. Вох, 1558 [[Columbus, спту			
	Depository, e	[P, Q. Вох, 1558 [[Columbus, спту			
Name of Bank,	Depository, e	[P, Q. Вох, 1558 [[Columbus, спту			
Name of Bank,	Depository, e	[P, Q. Вох, 1558 [[Columbus, спту			

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Hand Delivered

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of R Other (Specify):	Receipt or Postmarked
PREPARER (3/2015)	7/23/15 DATE PREPARED