FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2011 NOV 21 AM 8: 35

FORM 1	UNGANIZA	ALION	2011 141	01 51 WH 0. 22			
			FEC	MAGUSCENTER			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
Fred Kundrata	for Congress (Committee					
ADDRESS (number and street)	120 East Fou	irth Street					
(Check if address	Suite 1040		1111				
is changed)	Cincinnati OH 45202						
	c	SITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRE	· · · · · · · · · · · · · · · · · · ·						
(Check if address	info@fredkur	ndrata.com					
is changed)	1 A most resolution to make the party of the	The first transfer	<u> kr. 1 </u>	<u> </u>			
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if address is changed)		·					
2. DATE 11 15	2011	guessi;					
3. FEC IDENTIFICATION N	UMBER C						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined to	his Statement and to the best o	of my knowledge and belief it	is true, correct	t and complete.			
Type or Print Name of Treasure	, William M. B	Bristol	······································				
Signature of Treasurer	SOUN Su	Ma L	Date 11	15 2011			
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 Use, Only	Production of the second	For further information of Federal Election Commissio Toll Free 800-424-9530 Local 292-694-1100		FEC FORM 1 (Revised 02/2009)			

FEC Fo	rm 1 (Revised 02/2009) Page 2					
TYPE OF C	COMMITTEE					
Candidate	e Committae:					
(a) 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 of Candidate	Frederick L. Kundrata III					
Candidate Party Affiliation	on REP Office Senate President District 02					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com	nmittee:					
(d)	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.					
Political A	ction Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
ب ۱۰۰						
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
(1)	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.					
Com	mittees Participating in J≏int Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
4.						

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FEC Form 1 (Revis		Page 3					
Write or Type Committee Name							
Kundrata for Congress Committee							
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundralsing Represent	tative, or Leadership PAC Sponsor					
Mailing Address							
Mailing Address							
	CITY STA	ATE ZIP CODE					
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repr	esentative Leadership PAC Sponsor					
7. Custodian of Records: books and records.	Identify by name, address (phone number - optional) and position of	the person in possession of committee					
Full Name Will	iam M. Bristol						
Mailing Address	120 East Fourth Street						
Mailing Address	Suite 1040						
	Cincinnati	Hı 145202 1_1					
Title or Position	CITY STAT	TE ZIP CODE					
Treasurer	Telephone number	[513,] - [564,] - [9222,]					
Treasurer: List the name any designated agent (e.g., and the control of the	and address (phone number optional) of the treasurer of the com- .g., assistant treasurer).	mittee; and the name and address of					
Full Name of Treasurer	lliam M. Bristol	·					
Mailing Address	120 East Fourth Street						
	Suite 1040						
	Cincinnati O	H 45202					
Title or Position	CITY STAT	[513,] = [564,] = [9222,]					

Ì	FEC Form	FEC Form 1 (Revised 02/2009)					
	47						
	Full Name of Designated Agent	ignated Robert I Sauers Jr.					
	Mailing Address	4373 Harrison Avenue	لىسىس				
		Cincinnati, 45211	لــــا-لــ				
	Title or Position	CITY STATE ZIF	CODE				
	Assistant	Treasurer 513 - 451	1121				
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. Fifth Third Bancorp						
Mailing Address 38 Fountain Square Plaza							
Fifth Third Center		Fifth Third Center					
		Cincinnati OH 45263					
		CITY STATE ZI	P CODE				
	Name of Bank, I	c, Depository, etc.					
	Mailing Address		لسسسا				
		CITY STATE ZI	P CODE				

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify): DATE PREPARED