FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	1    1	
X (Check if addre is changed)	ss COLUMBUS	OH 43215 _
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL		
	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 6142637078		
2. DATE <b>0</b> 6	/ D D / Y Y Y 12 / 2007	
3. FEC IDENTIFICAT	TION NUMBER C C00430975	]
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of 1	reasurer Gary J Kucinich	
Signature of Treasurer	Electronically Filed by Gary J Kucinich	Date 06 / 12 / Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2003)
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	evised 02/2003)	Page 2
TYPE OF COMMITTE	EE (Check One)	
(a) X This co	ommittee is a principal campaign committee. (Complete the candidate information be	elow.)
· /	ommittee is an authorized committee, and is NOT a principal campaign committee. ( ation below.)	Complete the candidate
Name of Candidate		
Candidate Party Affiliation	DEM Office Sought: House Senate X P	President District 02
(c) This cor	ommittee supports/opposes only one candidate, and is NOT an authorized committee	ð.
Name of Candidate		
(d) This cor	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Part
(e) This cor	ommittee is a separate segregated fund	
committ		e segregated fund or party
committ		e segregated fund or party
committ	ttee.	e segregated fund or party
Name of Any Connec	ttee.	e segregated fund or party
Name of Any Connec	ttee.	e segregated fund or party
Name of Any Connec	ttee.	
Name of Any Connec	cted Organization or Affiliated Committee	
Name of Any Connec	cted Organization or Affiliated Committee	
Name of Any Connec    Mailing Address    Relationship	ttee.	

FEC For	rm 1 (Revised 02/2003)			Page 3
Write or Type Co	ommittee Name			
KUCINICH	I FOR PRESIDENT	2008 INC		
	f Records: Identify to of Committee books	by name, address, (phone number - s and records.	- optional), and position of the	ne person in
Full Name	Donald J Mc	Tigue		
Mailing Addre	ess	550 East Walnut Street		
		Columbus	ОН	43215 _
Title or Position	on ¥		STATE	ZIP CODE
			Telephone number	
name and a	List the name and a address of any desig	ddress (phone number optional) c nated agent (e.g., assistant treasure	of the treasurer of the comm er).	ittee; and the
Full Name of Treasurer	Gary J Kucir	lich		
Mailing Addre	ess	14518 Drake Road		
		Strongsville	ОН	44136 _
Title or Position	on ¥		STATE	
				ZIP CODE
	Treasurer		Telephone number	ZIP CODE ▲
Full Name of Designated Agent			Telephone number	ZIP CODE <b>A</b>
Designated			Telephone number	ZIP CODE <b>A</b>
Designated Agent			Telephone number	ZIP CODE <b>A</b>
Designated Agent	 255 		Telephone number	ZIP CODE A
Designated Agent Mailing Addre	 255 			

	FEC Form 1 (Revised 02/2003)														Page 4													4	_														
9.	Banks or Other safety deposit bo Name of Bank, D	xes	or n	nai	ntai	ins		List nds		ba	ank	s c	or o	the	er d	еро	osi	tori	es	in	whi	ich	the	e co	omr	nitt	ee (	dep	osi	its f	iun	ds,	hc	lds	ac	co	unt	S, I	ren	ıts			
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	Mailing Address																																										
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