

RECEIVED FEC MAIL CENTER

CLEVELAND AREA POLITICAL ACTION COMMITTEE
2018 NO. 5 AM 11: 02

October 31, 2008

David Butler Campaign Finance Analyst Reports Analysis Division Federal Election Commission 999 E Street NW Washington, DC 20463

RE: CAPAC [#C00454975]

Dear David:

Following our telephone conversation today regarding my filing an amended F-1 (Statement of Organization) for the Cleveland Area PAC (CAPAC) to conform with your RQ-1 letter of October 8, I am filing our amended Statement on paper via USPS rather than filing it electronically. This is because, as you noted when we spoke, the FEC requires an original signature from me, as CAPAC's treasurer, while the original Statement of Organization filed by our assistant treasurer had only him signing for me in my absence. I understand that under normal circumstances I would be required to file the amended Statement of Organization electronically, since CAPAC began electronic filing earlier this month with our 12-Day Pre-Election Report; however, because you do not yet have my signature on file, a paper filing is required this time.

Should you have further questions, of if further action is required on our F-1, please do not hesitate to contact me at 216-712-6343. Meanwhile, thanks, as always, for your patient assistance.

Sincerely,

Brian R. Menard

Treasurer

28039913505

FEC FORM

STATEMENT OF ORGANIZATION

FEC MAIL CENTER
2002 NOV 5 AM II: 02

| | | | | Office Use Only |
|----------------------------------|-----------------------------|--|---|---------------------------------------|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| CLEVELAND | ARKA PAC | | 1:11. | |
| | | | <u> </u> | · - - - - - - - - - |
| ADDRESS (number and street) | 2093Z MO | REWSOD PAR | < WAY | |
| (Check if address is changed) | | | | |
| is changed) | ROCKY RIV | J € R | OH | 4.4.1.7.6 - |
| COMMITTEE'S E-MAIL ADDRI | -66 | CITY | STATE | ZIP CODE |
| | eep.P.P.C.e.L.I | VE. COM | ; <u> </u> | |
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| COMMITTEE'S WEB PAGE AD | DRESS (URL) | | | |
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| COMMITTEE'S FAX NUMBER | | | | |
| I , , I-I , , I-I , | . 1. 1 | | | |
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| 2. DATE 10 10 | 1 2008 | | | |
| 3. FEC IDENTIFICATION N | II IMBED G | 00454975 | | |
| 3. FEC IDENTIFICATION N | | | | |
| 4. IS THIS STATEMENT | : NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined | this Statement and to the b | est of my knowledge and belief | it is true, correct | t and complete. |
| Type or Print Name of Treasure | er Brian R | Menard | | |
| Signature of Treasurer | Brian M | lenard | Date , i s | 3, 31, 2008 |
| NOTE: Submission of false, error | | on may subject the person signing | | o the penalties of 2 U.S.C. §437g. |
| Office Use | | For further information Federal Election Commis | | FEC FORM 1 |

5.

| TYPE | OF C | OMMITTEE |
|----------------|------------------------|--|
| Can | didate | Committee: |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) |
| (b) | η ⁷ 1 | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| Name Candi | | |
| Candi Party | idate Affiliatio | Office State On Sought: House Senate President District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Candi | | |
| Part | y Com | imittee: |
| (d) | | (National, State (Democratic, Republican, etc.) Party. |
| Polit | ical A | ction 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 |
| (f) | X | 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 Leadership PAC. (Identify sponsor on line 6.) |
| Joint | Fund | raising 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. |
| | Comi | mittees Participating in Joint Fundraiser |
| | 1. | FEC ID number C |
| | 2. | FEC ID number C |
| | 3. | FEC ID number C |
| | 4. | FEC ID number C |
| | 5. | FEC ID number: C |

| Write | or | Type | Committee | Name |
|-------|----|------|-----------|------|
|-------|----|------|-----------|------|

| Time of type committee has | • | |
|--|--|---|
| 6. Name of Any Connected | Organization, Affiliated Committee, Leadership F | PAC Sponsor or Joint Fundralsing Representative |
| MOME 1:111 | | <u> </u> |
| | | |
| Mailing Address | | |
| | | <u> </u> |
| | | |
| | CITY | STATE ZIP CODE |
| Relationship: | n | PAC Sponsor Joint Fundraising Representative |
| . Custodian of Records: Ide books and records. | ntify by name, address (phone number optional) |) and position of the person in possession of committee |
| Full Name | AN R MENARD | |
| Mailing Address | ZN932 MOREWSOD P | PRKWAY |
| | | <u> </u> |
| | ROCKY RIVER | 1 0 4 441, 4-1 |
| Title or Position | CITY | STATE ZIP CODE |
| TREASURER | E Tele | ephone number [21,6]-[7,1,2]-[6,3,4,7 |
| 3. Treasurer: List the name ar any designated agent (e.g., | | surer of the committee; and the name and address of |
| Full Name of Treasurer | NN R MENIRD | |
| Mailing Address | 20932 MOREMOD P | prymay |
| | | |
| | RPCKY RIVER | |
| Title or Position | | ephone number 21,6-7,1-4-634 |
| FE3AN042.PDF | | - |

| | n 1 (Revised | 1 12/2007) | | <u> </u> | | | Page 4 |
|---|-------------------------------|-----------------------|----------------------|-------------------|--|----------|------------|
| Full Name of Designated Agent | <u> </u> | | <u> </u> | | <u> </u> | | |
| Mailing Address | | | | <u> </u> | | | |
| | | | <u>illlll.</u> . | 1 1 1 1 1 1 | <u> </u> | _1_1_1_ | <u> </u> |
| | | 1 | | 1 1 1 ! ! | 1.1 | 1 | [-] |
| | | <u> </u> | CITY | | STATE | <u> </u> | ZIP CODE |
| Title or Position | | | , | | • | | |
| | <u> </u> | 1111 | | Telephone n | umber | | |
| safety deposit be Name of Bank, | oxes or mair | tains funds. | | in which the comm | intee deposits | | |
| safety deposit b Name of Bank, | oxes or main Depository, e | ntains funds. etc. | IRD BANK | | <u>. </u> | | |
| safety deposit b | oxes or main Depository, e | ntains funds. etc. | | | <u>. </u> | | |
| safety deposit b Name of Bank, | oxes or main Depository, e | tains funds. | IRD BANK | T, R, B, A, D | <u>. </u> | | |
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| safety deposit b Name of Bank, Mailing Address | oxes or main Depository, o | tains funds. THITHI | RDBANK DETROIT | T, R, B, A, D | | | <u> </u> |
| safety deposit b Name of Bank, Mailing Address | Depository, o | tains funds. THITHI | RDBANK DETROIT | T, R, B, A, D | | | <u> </u> |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, o | tains funds. THITHI | RDBANK DETROIT | T, R, B, A, D | | |), /, 6) - |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, o | tains funds. THITHI | RDBANK DETROIT | T, R, B, A, D | | |), /, 6) - |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h | |
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| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirm | nation™ Label |
| USPS Express Mail | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| Next Business | 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 |
| Other (Specify): | eceipt or Postmarked |
| In B | 11/5/18 |
| PREPARER (3/2005) | DATE PREPARED |