**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION	
1 Offile 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
LCR PAC		
ADDRESS (number and s	treet) 1050 Connecticut Ave NW	
(Check if address	Sujte 400	
is changed)	WASHINGTON	DC 20036 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
is changed)		
	PAGE ADDRESS (URL)  www.logcabin.org	
(Check if address is changed)		
2. DATE M. M. M. 1.2  3. FEC IDENTIFICATION AND ADMINISTRATION AND ADM	0 3 2 0 0 9 TION NUMBER C C00405506	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct a	and complete
Type or Print Name of	Treasurer Craig Max	
Signature of Treasurer	Electronically Filed by Craig Max	Date 12 / DD 3 / YYYYYYYYYYYYYYYYYYYYYYYYYYYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Sta	
Office Use Only	For further information Federal Election Commi Toll Free 800-424-9530	

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5.			OMMITTEE (Check One) 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 information below.)	State President  Complete the candidate  State President  District  Complete the candidate  State President  District  Complete the candidate  State  President  District  Comporatic, Republican,etc.) Party.  Seconnected organization is a:  Labor Organization  Cooperative  Segregated fund or party  Segregated fund or party				
	Name Candi							
	Candi Party	idate Affiliatio	on Office House Senate President					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Comm						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	cal Act	tion Committee (PAC):					
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
			Corporation Corporation w/o Capital Stock La	bor Organization				
			X Membership Organization Trade Association Co	poperative				
			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 committee. (i.e., nonconnected committee)	d fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	Republican, etc.) Party.  Its connected organization is a:  Labor Organization  Cooperative  e segregated fund or party  distor two or more political idate.				
	loint F	Eundra	ising Representative:					
				199				
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
	(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.						
	Committees Participating in Joint Fundraiser							
			1. FEC ID number					
			2. FEC ID number					
			3. FEC ID number					
			.   FEC ID number   C					

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Write or Type Committee Nam	<del></del>						
LCR PAC							
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative, or Lea	dership PAC Sponsor				
Log Cabin Republican	s PAC						
	<u> </u>						
Mailing Address	1050 Connecticut Avenu	e NW					
Ç	Suite 400						
	Washington	рс	20036				
	CITY	STATE A	ZIP CODE				
Relationship:							
X Connected Organizati	on Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor				
possession of Committ	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Chri	Christian Berle Full Name						
Mailing Address	1050 Connecticut Ave N						
	Suite 400						
	Washington	DC	20002				
Title or Position ▼	CITY A	STATE	ZIP CODE A				
•	r - DC Office	Telephone number 202	- 347 - 5306				
	ne and address (phone number optional) any designated agent (e.g., assistant treasu		nittee; and the				
Full Name of Treasurer Crai	g Max						
Mailing Address	1522 10th Street NW						
	Washington		20001 _				
Title or Position ♥	CITY A	STATE.	ZIP CODE A				
Treasu	'er	Telephone number	_ 457 _ 7200				
		relebrione namber					

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	Full Name of Designated Agent	_	Jerry T Katlin					
Mailing Address		s _	8041 W 47TH ST					
		-	Overlar	nd Park		_KS	66203 –	
	Title or Position ▼			CITY A		STATE A	ZIP CODE	A
		Assistant Ti	reasurer		Telephone num	913	_ <b>261</b>	0210
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.  Wachovia Bank							
	Mailing Address		1447 P Street, N	<b>W</b>				
			Washington			<b>DC</b>	20005	
				CITY 🗖		STATE <b>△</b>	ZIP COD	ΕΔ
	Name of Bank, De	epository, etc.						
	Mailing Address							
								-
				CITY 🔺		STATE. <b>△</b>	ZIP COD	E 🛆