FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	ons)			Office use only
NAME OF COMMITTEE (in the community of the community		(Check if name is changed)	Example over the	e: If typying, type lines	12FE4M5	
KUÇINICH FOI	R PRESIDENT 200	8 INC	1111	<u> </u>	1111	
					1111	
ADDRESS (number and s	street) 550 E	AST WALNUT	STREET			
X (Check if address is changed)		JMBUS			OH [	43215
COMMITTEE'S E MAN	LADDDECC		CITY▲		STATE	ZIP CODE 📥
COMMITTEE'S E-MAI		<u> </u>		<u> </u>	1111	
			1111		1111	
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)				·
www.kucinich	.us					
COMMITTEE'S FAX N 6142637078	UMBER	J				
2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
3. FEC IDENTIFICATION NUMBER C C00430975						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have exami	ned this Statement and	to the best of my kno	owledge and be	elief it is true, correct an	d complete	
Type or Print Name of	Treasurer <u>G</u>	ary J Kucinich				
Signature of Treasurer	Electronically Filed	l by <b>Gary J K</b> u	ıcinich		Date 07	/ D D / Y Y Y Y Y Y Y
NOTE: Submission of fal				erson signing this State		-
Office Use Only			Fe To	r further information of deral Election Commiss I Free 800-424-9530 cal 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)							
	(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 candidate information below.)							
	Name of Candidate DENNIS J KUCINICH							
	Candidate Party Affiliation  Office Sought: House Senate X President	State District  02						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate							
	(Mational, State (or subordinate) committee of the	Democratic, epublican,etc.) Party.						
	(e) This committee is a separate segregated fund							
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party						
6.	Name of Any Connected Organization or Affiliated Committee							
L								
	Mailing Address							
	 	<b>.</b>						
	CITY STATE A	ZIP CODE 🛦						
	Relationship							
	Type of Connected Organization:							
	Corporation Corporation w/o Capital Stock Labor Organiza	tion						
	Membership Organization Trade Association Cooperative							

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Vrite or Type Committee Name			
KUCINICH FOR PRESIDEN	IT 2008 INC		
Custodian of Records: Identi possession of Committee bo	fy by name, address, (phone numberoks and records.	optional), and position of the	ne person in
Full Name Donald J	McTigue		
Mailing Address	550 East Walnut Street		
_	Columbus	ОН	43215
Title or Position ▼	CITY A	STATE	ZIP CODE A
		Telephone number	
of Treasurer Gary J Ku	icinich		
of Treasurer  Mailing Address  Gary J Ku	14518 Drake Road		
		OH	44136
	14518 Drake Road	OH STATE <b>≜</b>	44136 ZIP CODE ▲
Mailing Address	14518 Drake Road  Strongsville  CITY A	<del></del>	
Mailing Address	14518 Drake Road  Strongsville  CITY A	STATE <b>≜</b>	
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	14518 Drake Road  Strongsville  CITY A	STATE <b>≜</b>	
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent	14518 Drake Road  Strongsville  CITY A	STATE <b>≜</b>	

Telephone number

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9.	Banks or Other Depositories safety deposit boxes or maintai	nts, rents				
	Name of Bank, Depository, etc.					
	Fifth T	hird Bank				
	Mailing Address	3850 North High Street				
		Columbus OH 432	214   _			
		CITY △ STATE △ ZII	P CODE 🛆			