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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

GARY KUCINICH FOR CONGRESS COMMITTEE

ADDRESS (number and street)

P.O. BOX 361130

(Check if address is changed)

STRONGSVILLE

OH

44136

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@GARYKUCINICH.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.GARYKUCINICH.US

COMMITTEE'S FAX NUMBER

-

2. DATE

02 / 19 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BETTY GRDINA

Signature of Treasurer

Betty Grdina

Date

02 / 19 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

26039002175

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 GARY J. KUCINICH

Candidate Party Affiliation DEM Office Sought: House Senate President State OH District 13

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, 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 fund or party committee.

8. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039002176

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name BETTY GRADINA

Mailing Address 1730 M STREET NW
SUITE 412
WASHINGTON DC 20036

Title or Position TREASURER CITY STATE ZIP CODE
Telephone number 202-293-8090

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer BETTY GRADINA

Mailing Address 1730 M STREET NW
SUITE 412
WASHINGTON DC 20036

Title or Position TREASURER CITY STATE ZIP CODE
Telephone number 202-293-8090

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE
Telephone number

26039002177

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.

NATIONAL CITY BANK

Mailing Address

17300 ROYALTON RD

STRONGSVILLE

OH

44136

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039002178

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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2-23-06
 Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP *2-24-06*
 PREPARER DATE PREPARED

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