FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	UNGANIZ	_		
	(See instruc	tions)	(Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
OH-5 CONGRE	SSIONAL VICTORY COMMITT	EE		
ADDRESS (number and s	treet) PO BOX 40366			
(Check if addre	washington .		I DC	
	W75110701		DC	
COMMITTEE'S E-MAII	LADDRESS	CITY▲	STATE▲	ZIP CODE 🔺
chris@ampolw	reb.com			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			, , , , , , , , , , , , , , , , , , , ,
N/A		<u> </u>	1 1 1 1 1 1	
			11111	
COMMITTEE'S FAX N 7036357912 2. DATE	/ D D / Y Y Y Y			
0,1	10 2008			
3. FEC IDENTIFICATION	TION NUMBER	C C00438820		
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 k	knowledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer Christopher J.	Ward		
Signature of Treasurer	Electronically Filed by Christon	pher J. Ward	Date 0 1	10 / 2008
NOTE: Submission of fals	se, erroneous, or incomplete information of ANY CHANGE IN INFORM	may subject the person signing this Sta		s of 2 U.S.C. S437g.
Office Use Only FE3AN042.PDF		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	ssion	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 information below.)	candidate
	Name of Candidate ROBERT EDWARD LATTA	
	Candidate Party Affiliation Office Sought: X House Senate President	State OH District 05
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (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 committee.	fund or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	LATTA FOR CONGRESS	<u> </u>
	Mailing Address 300 North Main Street	
		1
	Bowling Green OH 4	13402 _
	CITY STATE A	ZIP CODE A
	Relationship Affiliated Committee	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	X Membership Organization Trade Association Cooperative	

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or Type Committee Name	

W	rite or Type Committee Name	е		
	OH-5 CONGRESSION	AL VICTORY COMMITTEE		
7.	Custodian of Records: I possession of Committee	Identify by name, address, (phone num ee books and records.	ber optional), and position of t	he person in
	Full Name Chris	stopher J. Ward		
	Mailing Address	6302 Massachusetts	Ave	
		Bethesda		20816 _
	Title or Position ▼	CITY A	STATE.▲	ZIP CODE A
	Treasure	er	Telephone number	
8.	name and address of a	ne and address (phone number option ny designated agent (e.g., assistant tre		nittee; and the
	Full Name of Treasurer Chris	stopher J. Ward		
	Mailing Address	6302 Massachusetts	Ave	
		Bethesda		20816 _
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Treasure	er	Telephone number	635 7883
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
			Telephone number	

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9.	Banks or Other Do safety deposit boxe	epositories: List es or maintains funds	t all banks or	other de	positorie	s in w	hich t	he cor	nmitte	e dep	osits fu	ınds.	, holc	ls ac	coun	ts, re	ents		
	Name of Bank, Dep	oository, etc.																	
		Wachovia Ba	nk													L			
	Mailing Address	790	1 Wiscons	sin Ave												Ш			
																ш			
		Bet	hesda								MD				208 ⁻	14	- L		
				CIT	ΓY Δ					97	ΓΑΤΕ	^			710	СО	DE	^	
				Cit						3	1716	_			211				
	Name of Bank, Dep	pository, etc.		- Cit								_			211			_	
	Name of Bank, Dep	pository, etc. Huntington N	ational Ba															<u></u>	
	Name of Bank, Dep	Huntington N	ational Ba	nnk														<u>-</u>	
		Huntington N		nnk														<u>-</u>	
		Huntington N		ink 							OH)				4340			<u>-</u> 	