

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL
OPERATIONS CENTER

2003 OCT 16 A 9 49

Office Use Only

1 NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 127E4MS

KACZALA FOR CONGRESS

ADDRESS (number and street) 4841 MONROE ST

(Check if address is changed) SUITE 350

TOLEDO OH 43623

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 02 2004

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 CHARLES J. MIRA

Signature of Treasurer [Handwritten Signature] Date 10 02 2003

(NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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: LARRY A. KACZALA

Candidate Party Affiliation: REP Office Sought: House Senate President
 State: 08 District: 09

- (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.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address: _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

- Type of Connected Organization:
- Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

Write or Type Committee Name

KACZALA FOR CONGRESS

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 **CHARLES J. MIRA**

Mailing Address **4841 MONROE ST.**

SUITE 350

TOLEDO OH 43623

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 419-474-5020

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 **CHARLES J. MIRA**

Mailing Address **4841 MONROE ST.**

SUITE 350

TOLEDO OH 43623

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 419-474-5020

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

6. Banks or Other Depositories: List of 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

Mailing Address

14015 Madison Avenue

Windsor Colorado 80331 43604

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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