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ISIDOR KAHN
(1887-1963)
HARRY P. DEES
(1912-2004)
ARTHUR R. DONOVAN
(1910-2000)
ROBERT KAHN
(1918-1999)

OF COUNSEL
THOMAS O. MAGAN

August 2, 2011

VIA CERTIFIED MAIL 7160 3901 9849 2607 2437
FEDERAL ELECTION COMMISSION
999 E. STREET, NW
WASHINGTON, DC 20463

Re: 1816 Group PAC

To Whom It May Concern:

Please find enclosed FEC Form-1 regarding the above to be filed with your office. If you have any questions or comments please call or e-mail me.

Cordially,

KAHN, DEES, DONOVAN & KAHN, LLP

A handwritten signature in black ink, appearing to read "R. Schulz".

Ryan M. Schulz
rschulz@kddk.com

RMS/bd/183936

11030651261

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

THE 18116 GROUP

ADDRESS (number and street)

PO BOX 130

(Check if address is changed)

NEW HARMONY IN 47631

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

jlclaybourn@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 12 2011

3. FEC IDENTIFICATION NUMBER C00492827

4. IS THIS STATEMENT NEW (N) OR X 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

RYAN W. SCHULZ

Signature of Treasurer

[Handwritten Signature]

Date

07 20 2011

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.

Office Use Only

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

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

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

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 fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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
4. _____ FEC ID number

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

Grid for mailing address information

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

JOSHUA A CLAYBOURN

Mailing Address

714 SOUTH BUNNYMEADIE AVE

Grid for mailing address information

EVANSVILLE IN 47714

Title or Position

CITY

STATE

ZIP CODE

SECRETARY

Telephone number 812-480-6224

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

RYAN M SCHULZ

Mailing Address

1504 ORJOLE DRIVE

Grid for mailing address information

EVANSVILLE IN 47715

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 812-423-3183

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

OLD NATIONAL BANK

Mailing Address

11 MAIN STREET

[Empty grid for Mailing Address]

EVANSVILLE IN 47708

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

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Federal Election Commission
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8/8/11

PREPARER

DATE PREPARED

(3/2005)

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