Government Strategies Group LLC

RE: R + L Carriers Inc Federal PAC C00446831

2015 JAN -5 MININ: 5

FEC MAIL CENTER

Ms. Laura Sinram Senior Campaign Finance Analyst Federal Election Commission 999 E. Street, NW Washington, D.C. 20463

December 29, 2014

Dear Laura,

Enclosed Please find the following:

- Statement of Organization with a change of designation of Treasurer, address and Custodian of Records, and custodian bank.
- Amended Form 3X for reporting period ending 3/31/14
- Amended Form 3X for reporting period ending 6/30/14
- Form 3X for reporting period ending 9/30/14
- For 3X / Post General (2014) Report

If there are any issues with any of these forms do not hesitate to contact me at (513) 379-2547 or cgerhardt@govstrategies.com.

As discussed, we discovered previous reports did not accurately reflect the fact that bank fees had depleted the funds in the R + L Carriers Inc Federal PAC and that the account had actually been closed by PNC Bank. There was no contribution activity either into or out of the PAC. The payment of the bank fees was the only activity. Also, given the account was closed, I cannot access the bank statements before 1/01/13. I have corrected the financial activity in both amended reports.

We have opened a new account and have turned the Treasurer and compliance duties over to a CPA firm so reporting should not be an issue going forward.

Hopefully, this will resolve any past issues, get us current, and eliminate problems in the future.

Again, if there are any issues, do not hesitate to contact me.

Thank you for your guidance, patience and understanding.

Sincerely,

Charles H. Gerhardt, III

700 Walnut Street Suite 450 Cincinnati, OH 45202 T: 513.651.4100 F: 513.651.4101

FEC FORM 1		IENT OF	RECEIVED 2015 JAN-5 AMIL: 56
1. NAME OF COMMITTEE (ir	full) (Check if nam is changed)	ne Example: If typing, over the lines.	type 12FE4M5
RHL CAR	RIERS INC F	EDERAL PA	<u>C</u>
ADDRESS (number a		NUT STREE	T
(Check if is changed	ddress BNUTE4	50	
		T .I.	STATE A ZIP CODE A
COMMITTEE'S E-M	IL ADDRESS		
(Check if is changed	ddress LGERHAR	ATGLOJSTR	ATEGIES, COM
	•	ail Address	GOM
COMMITTEE'S WEE			
2. DATE	27 2017		
3. FEC IDENTIFI		0044683	7
4. IS THIS STATE			ED (A)
I certify that I have	xamined this Statement and to the	e best of my knowledge and	d belief it is true, correct and complete.
Type or Print Name	of Treasurer ANTHON	JY E. SCHU	NEIER
Signature of Treasur	· At Es	<u> </u>	
NOTE: Submission of	•	nation may subject the person RMATION SHOULD BE REP(n signing this Statement to the penalties of 2 U.S.C. §437g. ORTED WITHIN 10 DAYS.
Office Use Only		For further info Federal Election Toll Free 800-42 Local 202-694-1	24-9530 (Revised 06/2012)

FEC Form 1 (Revised 02/2009)

		COMMITTEE e 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 Cand	e of lidate	
	lidate Affiliat	ion Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	-	
Par	ty Cor	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):
(e)	X	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.)
Join	t Fund	draising 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.
	Con	nmittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC 1D number

1.7.1

5.

Write or Type Committee Name P+L CARRIERS INC. FEDERAL PAC 5. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spr. RHU IGARRIERS Wailing Address UIDIO GIILUUTIAM RADA Corry State ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cooks and records. Full Name I.O.O. MALINNT, ST.REET Mailing Address I.O.O. MALINNT, ST.REET S.J.I.T.E. J.S.D. I.I.M.C.I.J.M.A.T.I. B. Tressurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of treasurer). Full Name I.I.M.A.T.P.R. S.T.T.E.S.C.H.M.E.I.E.R. I.I.E.A.S.T.F.O.N.R.T.H.S.T.REET </th <th></th> <th></th> <th></th> <th>00/2020</th> <th></th> <th></th> <th>Γ</th>				00/2020			Γ
B+L CARRIERS INC. FEDERAL PAC S. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spint and the part of the committee	3	Page 3					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spr Ri+ 4 (AARRIERA: I) II (AARRIERA: I) (RAL PAC				**
Mailing Address [(10)0] (G]1] [4]4] [AM] [2] [3] [4] Mailing Address [(10)0] (G]1] [4]4] [AM] [2] [3] [4] Mailing Address [(10)0] (G]1] [4]4] [AM] [2] [3] [4] Relationship: [(2) Connected Organization]] Affiliated Committee []] Joint Fundraising Representative []] Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c books and records. [] 0.0 [] 4] 4] 5] 1] 7] 7] 4] 5] 7] 7] 6] 7] 7] 7] 7] 7] 7] 7] 7] 7] 7] 7] 7] 7]	ponsor	or Leadership PAC Spor		······································			
Mailing Address [(10)0] (G]1] [] [] [] [] [] [] [] [] [] [] [] [] []							0
MILLINING OH MILLINING CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c books and records. Full Name City STREE City Mailing Address Diological Activity Streeget City Social Address Diological Activity Streeget City Title or Position City STATE ZiP CODE Control Address Diological Activity City STATE City State ZiP CODE City STATE ZiP CODE City State ZiP CoDE City State ZiP CoDE State City State ZiP CoDE State ZiP CoDE						444	K
MILLMINICIPION CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c books and records. Full Name Litik RLES H: GERHARDT; IIIJ Mailing Address D.O. MALNUT: STREET SUITE: JSCO. D.M.L.NUT: STREET Ite or Position CITY STATE ZIP CODE CITY STATE SUITE: JSCO. D.M.L.NUT: STREET Ite or Position CITY STATE ZIP CODE CITY STATE STATE ZIP CODE STATE ZIP CODE STATE			2 0				L
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of a books and records. Full Name CITY, STIREET Mailing Address DIOO PALINNT, STIREET ULL, SCI, NATT, STIREET Title or Position CITY STATE ZIP CODE CODE CODE STATE ZIP CODE Resource: List the name and address (phone number optional) of the treasurer of the committee; and the name and address Full Name CITY STATE ZIP CODE CITY STATE ZIP CODE				[00] G] [1] [1] [] [] [] [] [] [] [] [] [] [] [] [] []	ess	Mailing Address	
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of a books and records. Full Name CITY, STIREET Mailing Address DIOO PALINNT, STIREET ULL, SCI, NATT, STIREET Title or Position CITY STATE ZIP CODE CODE CODE STATE ZIP CODE Resource: List the name and address (phone number optional) of the treasurer of the committee; and the name and address Full Name CITY STATE ZIP CODE CITY STATE ZIP CODE					l		
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c books and records. Full Name Image:	-		·		ł		
books and records. Full Name $(\underline{L}_{1}\underline{H},\underline{K},\underline{K},\underline{L},\underline{E},\underline{S},\underline{H},\underline{G},\underline{E},\underline{K},\underline{H},\underline{K},\underline{K},\underline{L},\underline{E},\underline{S},\underline{H},\underline{N},\underline{N},\underline{T},\underline{I},\underline{I},\underline{I},\underline{I},\underline{I},\underline{I},\underline{I},I$	AC Sponsor	ive 🔲 Leadership PAC :	Joint Fundraising Representat	ed Organization I Affiliated Committe		Relationship:	
Mailing Address $D_1O_1O_1$ $W_1A_1L_1N_2T_1$ ST_1REET_1 $S_1I_1T_1E_14_5D_1$ $S_1I_1T_1E_14_5D_1$ D_1M_1 $H_1S_12_02_1$ Title or Position CITY STATE ZIP CODE $S_0OR_1D_1I_1NAT_1O_1R_1$ Telephone number $S_1I_13_1 - [4S_1]_1 $	committee	rson in possession of co	optional) and position of the pe	entify by name, address (phone numb			'. '
Mailing Address $\square \square $	I		ST. 111	RLES H. GERHA	CHAR	Full Name	
CINCINNATI OH HISI202 Title or Position CITY STATE ZIP CODE CORDENTINETER Telephone number $SIJJ = (6.51) - (4.51$						Mailing Address	
Title or Position CITY STATE ZIP CODE COD ORDINATOR Telephone number STATE ZIP CODE Contraction State St				501TE 450	į		
Telephone number $[5]1,3] - [6,5] - [4]$ 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer $A_iN_iT_iH_iO_iN_iY_i \in S_iC_iH_iN_i\in I_i\in R$ Mailing Address $I_i \in A_iST_i + F_iO_iR_iT_iH_iS_iT_iR_i\in T_i$ $S_iU_iL_iT_i\in I_i2_iO_iO_i$ $G_iL_iNG_iNAAT_iI_i$ $U_i \in S_iZ_iO_iZ_i - U_i$		4,5,2,0,2 - L		CINCINNATI			
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address Full Name of Treasurer Mailing Address L	:	ZIP CODE	STATE	CITY	ion	Title or Position	
any designated agent (e.g., assistant treasurer). Full Name of Treasurer $A_{N}T_{H}O_{N}Y_{+}E_{+}S_{C}H_{A}E_{1}ER_{+}+++++++++++++++++++++++++++++++++++$	4100	13-651-4	Telephone number	ō.R.,,,,,,,	DINATO	COORD.	
of Treasurer $P_iN_iT_iH_iO_iN_iY_i$, E_i , $S_iC_iH_iN_iE_iE_iK_i$, $i + i + i + i + i + i + i + i + i + i $	dress of	and the name and addre	of the treasurer of the committee;				
SULTE 1200 CLNGINNATI DH 45202-				· · · · · · · · · · · · · · · · · · ·			
GINGINNATI DH 45202-			f STREET	1 EAST FOURT	ess	Mailing Address	
				SUITE 1200	Ľ		
		1 5 2 0 2 - L I	state	CITY	-		
Title or Position $ \underbrace{\prod_{R}}_{R} \underbrace{ASJR}_{R} \underbrace{ER}_{IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII$	<u> </u>	3-241-31	Telephone number	>	-		1

i

FEC Form 1 (Revised 02/2009)

																													 					<u> </u>
Full Name of Designated Agent	1 1	1	1	1	1	1	1	1	1	ł	1	I		1	_1	_1	_1_		<u> </u>	1	- -		L		Ĺ				1	ł	1	ł		
Mailing Address		Į	I	<u> </u>			1	1	i	1	1	1	1	ł	1		1	_1_	J	1	1	1	1	ł	ł	1			 J]
		l					1	1	1		1			i			i		i	1	1	1	1				1	l	 I		. 1	<u> </u>	ł.	
		l		1			1	I	1	J	<u>_</u>	1		1	1	ł	I	1	1			L				L		L	 		-L	⊥		┙
										С	ITY											ST	AT	Е					ZIP	СС	DDE			
Title or Position																																		
	 <u> </u>	I	L1	l	<u> </u>	l	1		l		L						Tel	eph	on	e n	um	ibei	r	L		L		- [1		- [⊥]

Page 4

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. 9.

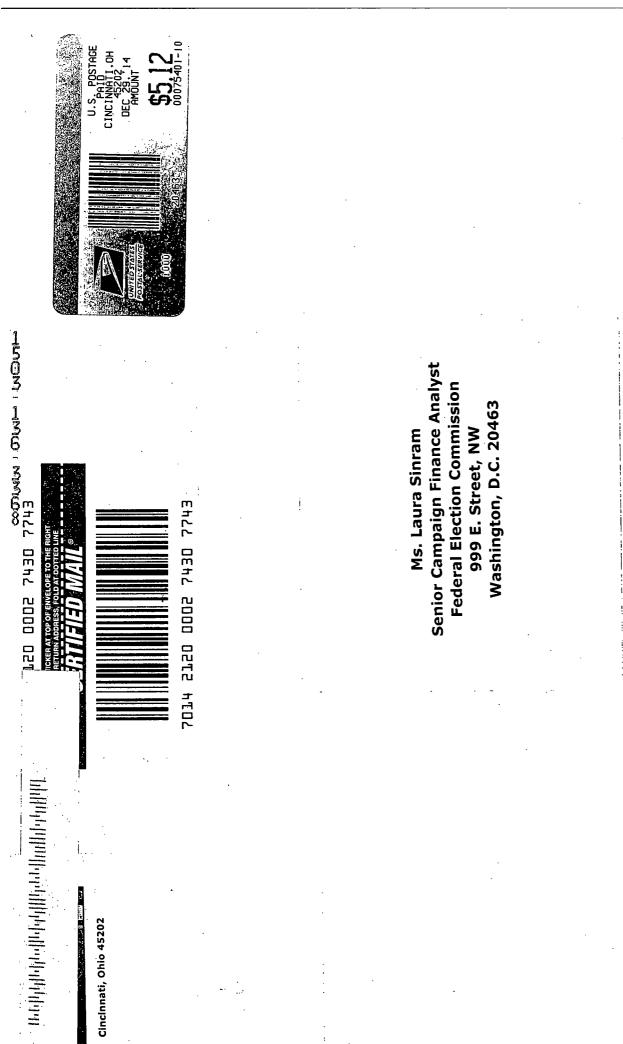
Name of Bank, Depository, etc.

PNC	BANK	<u> </u>	1 1 1 1 1 1 1 1	
Mailing Address	156 EAS	TBROAD	TREET	
-	BH- B230	- 0,1-Z		
	COLJHBU		DH	43215-
		CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.			
[
Mailing Address				
			<u></u>	
				

STATE

ZIP CODE

CITY



RECEIVED 2015 JAN -5 AM 11: 56 FEC MAIL CENTER

	Federal Election Commissio ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to in	DMING DOCUMENTS	
	Hand Delivered	Date of Receipt	
	USPS First Class Mail	Postmarked	
	USPS Registered/Certified	Postmarked (R/C)	
	USPS Priority Mail	Postmarked	·
	USPS Priority Mail Express	Postmarked	
	Postmark Illegible	· · · · · · · · · · · · · · · · · · ·	
	No Postmark		
	Overnight Delivery Service (Specify):	Shipping Date	
•	Next E	Business Day Delivery	
	Received from House Records & Registration Offic	Date of Receipt ce	
	Received from Senate Public Records Office	Date of Receipt	
	Received from Electronic Filing Office	Date of Receipt	
	Da Other (Specify):	ate of Receipt or Postmarked	
	PREPARER	1/5/15 DATE PREPARED	