## **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
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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
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FEC Form 1 (Revised 02/2009)

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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.

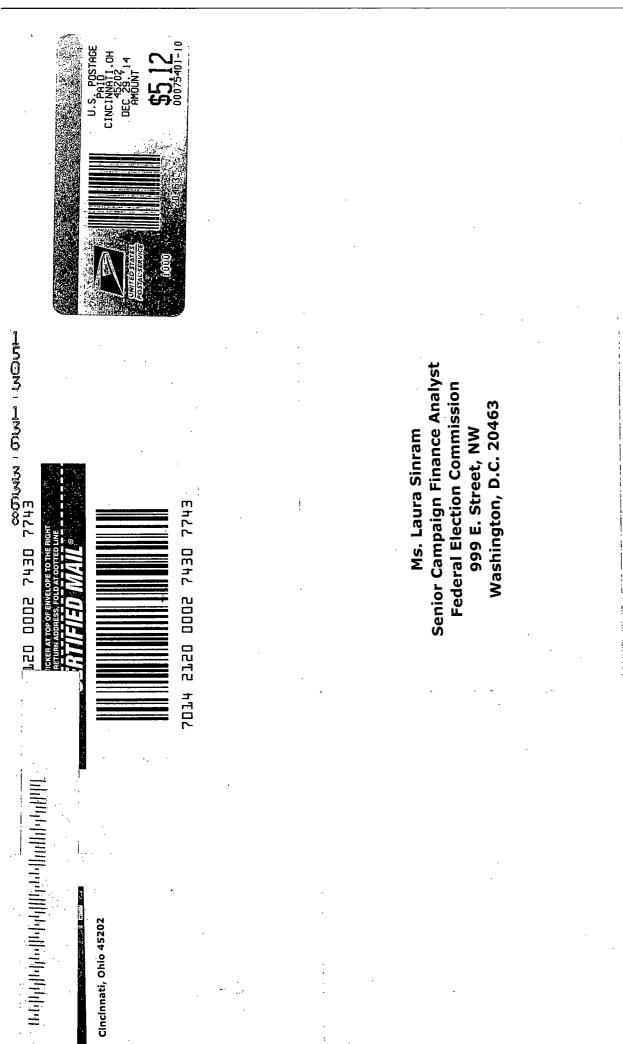
Name of Bank, Depository, etc.

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STATE

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	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	
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