

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Brinkman for Congress

ADDRESS (number and street)

PO Box 9714

(Check if address is changed)

Cincinnati

OH

45209

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cbrinkman@fuse.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gobrinkman.com

COMMITTEE'S FAX NUMBER

\_\_\_\_

2. DATE

01 / 30 / 2008

3. FEC IDENTIFICATION NUMBER

C C00411215

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

William K. Kintner

Signature of Treasurer

Electronically Filed by William K. Kintner

Date

01 / 30 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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 **Thomas E. Brinkman, Jr.**

Candidate Party Affiliation **REP** Office Sought:  House  Senate  President State **OH** District **02**

- (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

**Brinkman 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 **Cathy F Brinkman**

Mailing Address **3215 Hardisty Ave**

**Cincinnati** **OH** **45208**

Title or Position **Asst Treasurer** CITY STATE ZIP CODE

Telephone number **513** **321** **6591**

- 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 **William K. Kintner**

Mailing Address **3634 Edwards Rd Apt 3**

**Cincinnati** **OH** **45208**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **513** **871** **9122**

Full Name of Designated Agent **Cathy F. Brinkman**

Mailing Address **3215 Hardisty Ave.**

**Cincinnati** **OH** **45208**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **513** **321** **6591**

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.

Fifth Third Bank (Brinkman for

Mailing Address

38 Fountain Sq Plaza

Cincinnati

OH

45202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲