FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruct				Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example over the	: If typying, type lines	12FE4M5		_
Price Brother	s Compan	y Federal Political Ac	tion Commit	tee			لــــ
		1 1 1 1 1 1 1 1			<u> </u>		
ADDRESS (number and	street)	333 West First Stre	eet		1111		Ш
(Check if add	ress	Suite 700					
is changed)	1000	Dayton		ليبي	ОН	45402 -	Ш
COMMITTEE'S E-MA	AIL ADDRES	S	CITY▲		STATE▲	ZIP CODE 🛦	
spaul@priceb	rothers.co	om 		1 1 1 1 1	1 1 1 1 1		Ш
	1 1 1 1				1 1 1 1		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					•
		<u> </u>			<u> </u>		Ш
		1 1 1 1 1 1 1 1			1111		
2. DATE 12	M / D	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
3. FEC IDENTIFICA	ATION NUM	BER	C C0022	4303			
4. IS THIS STATEM	MENT X	NEW (N) OR		AMENDED (A)			
I certify that I have exam		ement and to the best of my k		lief it is true, correct a	and complete		_
Signature of Treasure	r El <u>ectror</u>	ically Filed by Mr. Stev	en M. Paul		Date 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y) 6 [°]
NOTE: Submission of fa		s, or incomplete information n			•	-	
Office Use Only			Fed Tol	further information deral Election Commis I Free 800-424-9530 dal 202-694-1100		FEC FORM 1 (Revised 02/2003)	

	FECForm 1 (Revised 02/2003)	Page 2
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 information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a	Democratic, Republican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
3 .	Name of Any Connected Organization or Affiliated Committee	
1		.
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE 🛦
	Deletionabin	ı
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name

Name List the name a ne and address of any d	CITY A city A and address (phone number opticesignated agent (e.g., assistant tri	•	ZIP CODE A
ng Address or Position ♥ surer: List the name a ne and address of any design of the light of	CITY A nd address (phone number opticesignated agent (e.g., assistant tr	STATE▲ Telephone number onal) of the treasurer of the commreasurer).	ZIP CODE A
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ne and address of any d Name	esignated agent (e.g., assistant tr	reasurer).	ittee; and the
or Position ∀	CITY A	STATE	ZIP CODE A
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ng Address .			
or Position ♥	CITY A	STATE ▲	ZIP CODE A
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	FEC Form	1 (Re	evised	102	/200	03)																						Pa	ge	4		
9.	safety deposit boxes or maintains funds.							e d	epo	sits	fu	nds	, ho	holds accounts, rents																		
	Name of Bank, Do	eposit	ory, e	etc.																												
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	Mailing Address					Ш																										Ш
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