

STEPHEN L. BLACK RECEIVED
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Cincinnati, Ohio 45243
(513) 629-2723 2007 MAY 17 AM 11:13
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May 16, 2007

Via Federal Express

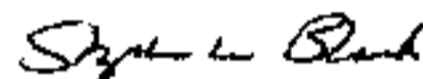
FEDERAL ELECTION COMMISSION
999 E Street, NW
Washington, DC 20463

Re: Steve Black for Congress Committee

Dear Sirs:

Enclosed for filing are FEC Form 1 – Statement of Organization and FEC Form 2 – Statement of Candidacy.

Very truly yours,



Stephen L. Black

SLB/tsl

Enclosures

c: Ms. Janet K. Simpkinson

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

S T E V E B L A C K F O R C O N G R E S S C O M M I T T E E

ADDRESS (number and street)

5 7 0 0 D R A K E R O A D

(Check if address is changed)

C I N C I N N A T I O H 4 5 2 4 3 - 3 6 1 9

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

M A R Y H @ S T E V E B L A C K F O R C O N G R E S S . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

W W W . S T E V E B L A C K F O R C O N G R E S S . C O M

COMMITTEE'S FAX NUMBER

5 1 3 - 3 8 1 - 3 3 6 0

2. DATE

0 5 / 1 6 / 2 0 0 7

3. FEC IDENTIFICATION NUMBER ▶

C

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

JANET K. SIMPSON

Signature of Treasurer

Janet K. Simpson

Date

0 5 / 1 6 / 2 0 0 7

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 02/2003)

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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: S T E P H E N L B L A C K

Candidate Party Affiliation: DEM
 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

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Write or Type Committee Name

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 J A N E T K S I M P K I N S O N

Mailing Address 3 6 E A S T F O U R T H S T R E E T
S U I T E 1 1 0 0
C I N C I N N A T I O H 4 5 2 0 2 - 3 8 9 5

Title or Position CITY STATE ZIP CODE
T R E A S U R E R Telephone number 5 1 3 - 3 8 1 - 4 8 4 9

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 J A N E T K S I M P K I N S O N

Mailing Address 3 6 E A S T F O U R T H S T R E E T
S U I T E 1 1 0 0
C I N C I N N A T I O H 4 5 2 0 2 - 3 8 9 5

Title or Position CITY STATE ZIP CODE
T R E A S U R E R Telephone number 5 1 3 - 3 8 1 - 4 8 4 9

Full Name of Designated Agent M A R Y P A T M C G U R K

Mailing Address 3 6 E A S T F O U R T H S T R E E T
S U I T E 1 1 0 0
C I N C I N N A T I O H 4 5 2 0 2 - 3 8 9 5

Title or Position CITY STATE ZIP CODE
A S S I S T A N T T R E A S U R E R Telephone number 5 1 3 - 3 8 1 - 4 8 4 9

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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

Mailing Address

38 FOUNTAIN SQUARE PLAZA

CINCINNATI OH 45263

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039442970

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SL
 PREPARER
 (3/2005)

5/17/07
 DATE PREPARED

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