RECEIVED FEC MAIL CENTER 2011 JUL 18 PM 4: 42

FEC FORM 1	STATEMENT OF ORGANIZATION					Office Us	o Only		
NAME OF COMMITTEE (in	n full)		Check if name changed)		mple:If typing, to the lines.	уре	12FE4M		
Ribble Res	onsib.	Le ₁Gov	ernment	Commi	ttee _{i i i}		1-1-1-1	<u>i </u>	
				1 1 1		111	1.1.1		
ADDRESS (number a	nd street)	PO Box 30844							
(Check if a	ddress								
is changed)		Bethesda			MD	208 ₂ 4			
				CITY			STATE	;	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please	provide only o	ne e-mail ad	dress)				
! *** .**		info	есапрац о	nfinar	ıçial.ço	n, , ,			
(Check if is change				1 1 1 1	. 1 1 1 1 1	1 1 1	1111	1111	
COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)						
P 55 '	(Chèck if address			1111	1.1.1.1		1111	444	
is change	d)								
2. DATE 0.7	18	20	11						
3. FEC IDENTIFIC	CATION NU	MBER	C						
4. IS THIS STATE	MENT X	NEW	(N) OF		AMENDE) (A)			
I certify that I have o	skamined th	is Stateme	nt and to the	best of my l	cnowledge and	belief it is	s true, corre	ct and comp	olete.
Type or Print Name		Rich	nard Spr	inger			Date 0	7 18	2011
NOTE: Submission of					ject the person : ULD BE REPOR				es of 2 U.S.C. §437g.
Office Use Only					For further information (Federal Election (Toll Free 800-424	Commission -9530			FORM 1 ised 02/2009)

Į.	ı	ì
Ĺ	Í)
	*10	
ľ	ì	J
ľ	ď	ì
ļ	1)
ĺ	7)
ľ	ď	Ì
Í,	į)
P	į	Į
P	91	١

5.

F	EC Fo	orm 1 (Revised 02/2009)	Page 2			
TYPE OF COMMITTEE						
Can	didate	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. (Complet information below.)	e the candidate			
Name Cand						
Cand Party	idate Affiliati	ion Sought: House Senate President	State District			
(c)	te day	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi			111111			
Part	y Con	nmittee:				
(d)	T-COLD		mocratic, publican, etc.) Party.			
Polit	ical A	Action Committee (PAC):	orbite to the his contribute managerable and contributed by			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:			
		Corporation Corporation w/o Capital Stock	abor Organization			
		Membership Organization Trade Association C	ooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Fund	draising Representative:				
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(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.				
Committees Participating in Joint Fundraiser						
	1.	Ribble for Congress FEC ID number 004636	520			
	2.	Republican Party of Wisconsin FEC ID number G 000744	50			
	3.	National Republican Congressional Committeec ID number 000758	20			
	4.	FEC ID number				

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	e ·	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
	<u> </u>	
Mailing Address		
		1-1-1
	CITY STATE ZI	IP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundralsing Representative Leader	ership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name Campa	ign Financial Services	
Mailing Address	PO Box 30844	
	Bethesda MD 20824	
Title or Position	CITY STATE ZII	P CODE
Custodian, of IR	ecords	¹ , -[322 ₀]
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer Righa:	rd, Springer, , , , , , , , , , , , , , , , , , ,	
Mailing Address	PQ Bqx, 30844; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
		لىبىنا
	Bethesda 1 MD 20824	0844
Title or Position		P CODE
	<u> </u>	1 - 2440 1

FEC Form 1 (R	levised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		<u> </u>	
		اللسلسلسا	
	СПУ	STATE	ZIP CODE
Title or Position	Telephone	number 1	<u></u>
	chovia Bank		
Mailing Address	[MD 1010]	<u> </u>	
	Bethesda	MP	[208,14] - [
	СПҮ	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		
L			
Mailing Address		 	
		لنا ل	
	СПУ	STATE	ZIP CODE

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)