FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	0	(See instructions		V					Of	fice use o	.nlv			
1. NAME OF COMMITTEE (in		(Check if name is changed)	Exam over	ple: If typyi he lines	ng, type		12FE	E4M5		lice use c				—
Conservative	Leadership Fund		1.1		1 1 1	1	1 1	1 1	1 1	1 1	1 1	1 1	ı	, l
			1 1			1		1 1		1 1	1 1		1	
ADDRESS (number and	2875 street)	Towerview Rd.,	Ste. 10	00								—		ш Ш
(Check if address is changed)	ess Herno	lon					VA		<u>—</u>	201	71 -	<u>.</u>		Ш Ш
			CITY			S	TATE	•		Z	IP COE	DE 📥		
COMMITTEE'S E-MAI	IL ADDRESS anmeredith.com													
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				шш				Ш				Ш		
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)												
				ш				ш				ш		Ш
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COMMITTEE'S FAX N	NUMBER													
با لبنا	سسا لس	J												
2. DATE 0.6	1 6 Y	2008 <sup>Y</sup>												
3. FEC IDENTIFICA	ATION NUMBER	C	Coo	388223	0 0									
4. IS THIS STATEM	MENT X NEW	(N) OR		AMEN	DED (A)									
I certify that I have exami	ined this Statement and t	to the best of my know	rledge and	belief it is tr	ue, correc	t and o	comple	te						_
Type or Print Name of	TreasurerC	heryl L. Freauff												
Signature of Treasurer	. Electronically Filed	by <b>Cheryl L. F</b>	reauff			Da	ate	<b>0</b>	<b>6</b> /	1	6	YYY	2 0 0	) 8
NOTE: Submission of fa		olete information may								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Elec Toll Free 80	tion Comr 0-424-953	nissio					FOI		1	

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5.			OMMITTEE (Check One) 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 information below.)	e candidate							
	Name o Candida										
	Candida Party A		Office Sought: House Senate President	State District							
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
	Name o										
	Party C	omm	(Matienal Olate								
	(d)			(Democratic, Republican,etc.) Party.							
	Political Action Committee (PAC):										
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:							
			Corporation Corporation w/o Capital Stock Laboration	or Organization							
			Membership Organization Trade Association Cod	pperative							
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)										
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fu	undra	ising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.								
		Comr	mittees Participating in Joint Fundraiser								
			1. FEC ID number C								
			2. FEC ID number								
			3. FEC ID number								
			4. FEC ID number								
			FEC ID number								

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	FEC Form 1 (Revised	12/2007)		Page <b>3</b>
6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative  FORBES FOR CONGRESS  Mailing Address  PO Box 15100  Chesapeake  CITY A  STATE A  ZIP CODE A  Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  The Person in possession of Committee books and records.  Full Name  Cheryl L. Freauff  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Title or Position of the person in possession of Committee books and records.  Full Name  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Leadership PAC Sponsor  Joint Fundraising Representative  Leadership PAC Sponsor  Joint F	Write or Type Committee Name			
FORBES FOR CONGRESS  Mailing Address  PO Box 15100  Chesapeake  CITY A  STATE A  ZIP CODE A  Relationship:  Connected Organization  Affiliated Committee   Leadership PAC Sponsor  Joint Fundraising Represen  Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Full Name  Cheryl L. Freauff  Herndon  VA  Z0171 −  Title or Position ▼  CITY A  STATE A  ZIP CODE A  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  Cheryl L. Freauff  Mailing Address  Z875 Towerview Road, Ste. 1000  Herndon  VA  Z0171 −  Treasurer  Treasurer  Cheryl L. Freauff  Mailing Address  Z875 Towerview Road, Ste. 1000  Title or Position ▼  Cheryl L. Freauff  Mailing Address  Z875 Towerview Road, Ste. 1000  Title or Position ▼  Cheryl L. Freauff  Mailing Address  Z875 Towerview Road, Ste. 1000  Treasurer  At Each State A  ZIP CODE A  Z1P CODE A  Z2P CODE A	Conservative Leaders	hip Fund		
Mailing Address    Chesapeake	6. Name of Any Connected C	Drganization, Affiliated Committee, Leadersh	ip PAC Sponsor or Joint Fur	ndraising Representative
CITY A STATE A ZIP CODE A  Relationship: Connected Organization	FORBES FOR CONGRE	<b>SS</b>		
CITY A STATE A ZIP CODE A  Relationship: Connected Organization				
CITY▲ STATE ★ ZIP CODE ★  Relationship:  Connected Organization	Mailing Address	PO Box 15100		
CITY▲ STATE ★ ZIP CODE ★  Relationship:  Connected Organization		1		
Relationship: Connected Organization Affiliated Committee X Leadership PAC Sponsor Joint Fundraising Represent Affiliated Committee X Leadership PAC Sponsor Joint Fundraising Represent Affiliated Committee X Leadership PAC Sponsor Joint Fundraising Represent PAC Sponsor  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 Mailing Address  2875 Towerview Road, Ste. 1000  Herndon VA 20171 - Title or Position V 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 Cheryl L. Freauff  Mailing Address  2875 Towerview Road, Ste. 1000  Herndon VA 20171 - Title or Position V CITY A STATE A ZIP CODE A Treasurer Title or Position V CITY A STATE A ZIP CODE A		Chesapeake	<b></b>	23328   _   _
Affiliated Committee		CITY▲	STATE A	ZIP CODE A
Treasurer  Connected Organization  Affiliated Committee  X  Leadership PAC Sponsor  Joint Fundraising Represent  Affiliated Committee  X  Leadership PAC Sponsor  Joint Fundraising Represent  Leadership PAC Sponsor  Joint Fundraising Represent  Affiliated Committee  X  Leadership PAC Sponsor  Joint Fundraising Represent  Full Name  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Represent  Leadership PAC Sponsor  Joint Fundraising Pack Pack Pack Pack Pack Pack Pack Pack	Relationship:			
Possession of Committee books and records.    Full Name		n Affiliated Committee X Lea	adership PAC Sponsor	Joint Fundraising Representative
Treasurer CITY A STATE A ZIP CODE A  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  Cheryl L. Freauff  Mailing Address  2875 Towerview Road, Ste. 1000  Herndon  VA 20171 −  Title or Position ▼ CITY A STATE A ZIP CODE A  Treasurer	possession of Committee  Full Name  Chery	ee books and records.  yl L. Freauff		of the person in
Treasurer  Telephone number		Herndon		20171
name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Cheryl L. Freauff  Mailing Address  2875 Towerview Road, Ste. 1000  Herndon  VA  20171 −  Title or Position ▼  CITY A  STATE A  ZIP CODE A	<u> </u>		70	_
Cheryl L. Freauff  Mailing Address  2875 Towerview Road, Ste. 1000  Herndon  VA  20171 −  Title or Position ▼  CITY A  STATE A  ZIP CODE A  Treasurer				mmittee; and the
Herndon VA 20171 —  Title or Position ♥ CITY A STATE A ZIP CODE A  Treasurer 703 467 90	Char	yl L. Freauff		
Title or Position ▼ CITY A STATE A ZIP CODE A  Treasurer 703 467 99	Mailing Address	2875 Towerview Road,	Ste. 1000	
Treasurer 703 467 9		Herndon		20171
Treasurer	Title or Position ♥	CITY A	STATE.	ZIP CODE A
Telephone number	Treasure	er	Telephone number	03 _ 467 _ 9341

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	Full Name of Designated Agent								
	Mailing Address								
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A					
		Tele	ephone number						
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.  Bank of America								
	Mailing Address	2555 Centreville Road							
		Herndon	VA	20171					
		CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕					
	Name of Bank, Depository,	etc.							
	Mailing Address								
		CITY ▲	STATE <b>△</b>	ZIP CODE 🛕					