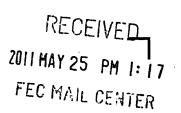
FEC FORM 1

STATEMENT OF ORGANIZATION



Office Use On

1. NAME OF	Function (Check if name	Example:If typing, type	Sandinadanatan	Composition Compos	
COMMITTEE (in full)	p. 3.	changed)	over the lines.	12FE4M5	Ocero Screwick month	
Petri-Ribble Inv	ițatic	nal; , ; , ,				
ADDRESS (number and street)	7315 Wisconsin Avenue					
(Check if address	Suit	e ₁ 310 Ęast				
is changed)	Bet _i h	asda , , , ,		МФ	20814 - 3202	
		C	CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)						
(Check if address is changed)	info	@campaignf	inanqial,.com			
	L			1 1 1 1		
COMMITTEE'S WEB PAGE ADI	DRESS (U	RL)				
i in the second						
(Check if address is changed)						
2. DATE 05 / 25 / 2011						
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT	NEW	(N) OR	AMENDED (A)			
I certify that I have examined th	is Stateme	ent and to the best	of my knowledge and belief i	it is true, correct	and complete.	
Type or Print Name of Treasure	Em:	ily Tadloc	C			
Signature of Treasurer	Emi	ly Tad !	lock	Date 05	25 2011	
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			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

1201	OTAL 1 (1001000 01/2000)
TYPE OF	COMMITTEE
	te 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 candidate information below.)
Name of Candidate	
Candidate Party Affilia	Office State State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d) [5]	(National, State (Democratic, This committee is a or subordinate) committee of the 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 Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lebbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	ndraising Representative:
(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(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.
Coi	mmittees Participating in Joint Fundraiser
1.	Citizens for Tom Petri FEC ID number C 00107003
2.	Ribble for Congress FEC ID number C 00463620
3.	FEC ID number
4.	

FEC Form 1 (Revised 02/2009)	Page 3				
Write or Type Committee Name					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor				
[NONE					
Mailing Address					
CITY STATE	ZIP CODE				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
 Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records. 	on in possession of committee				
Full Name					
7215 Wiggensin Avenue					
Suite 310 East	20214 12202 1				
Bethesda MD	208,14 - 320,2				
Title or Position CITY STATE	ZIP CODE				
Custodian of Records Telephone number 301	[654,				
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 Emily Tadlock					
Mailing Address [7315, Wisconsin Avenue, 111111111111111111111111111111111111					
[Sµite 310 East					
Bethesda CITY STATE	208,14 - 320,2 SIP CODE				
Title or Position					
Treasurer: 301	654 ₁ 322 ₀				

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Busines	s Day Delivery				
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				
Other (Specify):	eceipt or Postmarked				
JMB	5/35/11				
PRÈPARER (3/2005)	DATE PREPARED				