FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVET 2012 JAN 18 AM 9:58 office FEC MAIL CENTER				
1. NAME OF COMMITTEE (in fu	III) (Check if name Example: If typ over the lines.	ing, type 12FE4M5				
Blaha for Co	ongress					
ADDRESS (number and (Check if addr is changed)	Suite 110	$\begin{bmatrix} & & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & $				
	CITY	STATE ZIP CODE				
COMMITTEE'S E-MAIL (Check if ad is changed)	ADDRESS (Please provide only one e-mail address) info@robertforcongress dress	<u>ş.çom</u>				
COMMITTEE'S WEB P. (Check if ad is changed)	www.Robertforcongres	s.com				
2. DATE 01 17 2012						
3. FEC IDENTIFICATION NUMBER						
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						
Signature of Treasurer Juny Hildorhun Date 01 17 2012						
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	Federal Ele	information contact: FEC FORM 1 information Commission 00-424-9530 (Revised 02/2009) 194-1100				

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•	F	FEC Fo	rm 1 (Revised 02/2009)	Page 2	
5.	TYPE	E OF C	OMMITTEE		
	Candidate Committee:				
	(a)	\mathbf{X}	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. (Compliinformation below.)	ete the candidate	
	Name Cand		Robert B Blaha		
Candidate Office State State District				05	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand				
	Part	ty Con	nmittee:		
	(d)			emocratic, epublican, etc.) Party.	
	Polit	tical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:	
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	10			reacted find or parts	
	(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg- committee. (i.e., nonconnected committee)	regated 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.)		
	Join	t Func	Iraising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
	Committees Participating in Joint Fundraiser				
		1.			
		2.			
		L .		landa and an alternative strengthered	
		3.	FEC ID number		
		4.	FEC ID number		

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w	rite or Type Com	mittee Name		
В	laha for (Congre	ess	
6.	Name of Any C	onnected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	nip PAC Sponsor
	Mailing Address			
			CITY STATE	ZIP CODE
	Relationship:	Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
	Custodian of Rebooks and record		tify by name, address (phone number - optional) and position of the person in pos	session of committee
	Full Name	IAudra	D. Mater	1
	Mailing Address		729 Orion Drive	.
	Maining Address			
			Colorado Springs	<u> </u>
	Title or Position		CITY STATE	ZIP CODE
	Assistant	Treasur		/89439
			address (phone number optional) of the treasurer of the committee; and the nai ssistant treasurer).	ne and address of
	Full Name of Treasurer	Jerry I	R. Hilderbrand	
	Mailing Address		318 W. Cheyenne Mtn Blvd	
			<u>L </u>	
			Colorado Springs	
	Title or Position			
1	Treasurer			′9 _, _ 9195 ,

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			(neviseu	V 2	120031

Full Name of Designated Agent	dra D, Mater				
Mailing Address	729 Orion Drive				
	Colorado Springs		[80906] - [
Title or Position Assistant Treas			9,578,[9439,		
Banks or Other Deposit boxes or	sitories: List all banks or other depositories in which maintains funds.	the committee deposits	funds, holds accounts, rents		
Name of Bank, Deposit					
Integrity Bank and Trust					
Mailing Address	1430 Cipriani Loop		· · · · · · · · · · · · · · · · ·		
Maning Address		· · · · · · · · · · · · · · · · · · ·			
			[80132] - L		
	CITY	STATE	ZIP CODE		
Name of Bank, Deposit	tory, etc.				
L		<u> </u>			
Mailing Address					
	CITY	STATE	ZIP CODE		

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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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PREPARER (3/2005)	DATE PREPARED			

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