FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: is changed) over the lin	: If typying, type ines 12FE4M5
The Badger Fu	nd, Inc.	
ADDRESS (number and s	reet)	
X (Check if addre	ss	
is changed)	Fairfax Station	
COMMITTEE'S E-MAII		STATE ZIP CODE
	oliticalcompliance.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 7034258352		
2. DATE <b>0</b> 1	/ D D / Y Y Y Y 19 / 2007	
3. FEC IDENTIFICAT	TION NUMBER C C00409	9680
4. IS THIS STATEMI	ENT NEW (N) OR X	AMENDED (A)
I certify that I have examin	ed this Statement and to the best of my knowledge and beli	ief it is true, correct and complete
Type or Print Name of 1	reasurer Joseph Flader	
Signature of Treasurer	Electronically Filed by Joseph Flader	Date 01 / 09 / Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the per	erson signing this Statement to the penalties of 2 U.S.C. S437g.
	ANY CHANGE IN INFORMATION SHOULD	D BE REPORTED WITHIN 10 DAYS
Office Use Only	Fede Toll F	further information contact: eral Election CommissionFEC FORM 1 (Revised 02/2003)Free 800-424-9530 1202-694-1100(Revised 02/2003)

ce			For further information contact:	FEC FORM 1
ə			Federal Election Commission	
у			Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2003)
			Local 202-034-1100	

FEOForm 1 (Revised 02/2003)		Page <b>2</b>
5. TYPE OF COMMITTEE (Check One)		
	ittee. (Complete the candidate information below.) nd is NOT a principal campaign committee. (Complete the ca	ndidate
Name of Candidate		
Candidate Office Party Affiliation Sought:	House Senate President	State
(c) This committee supports/opposes only one can	ndidate, and is NOT an authorized committee.	
Name of Candidate		
	lational, State (Der r subordinate) committee of the Rep	nocratic, ublican,etc.) Party.
(e) This committee is a separate segregated fund		
(f) X This committee supports/opposes more than or committee.	ne Federal candidate, and is NOT a separate segregated fun	d or party
6. Name of Any Connected Organization or Affiliated Comm	nittee	
_ <u> </u>		
Mailing Address		
CITY	Y STATE Z	IP CODE 🛦
Relationship		
Type of Connected Organization:		
Corporation	ation w/o Capital Stock	n
Membership Organization Trade A	Association Cooperative	

	(Revised 02/2003)			Page <b>3</b>
rite or Type Commit				
The Badger Fu		y name, address, (phone number	optional) and position of t	he person in
possession of C				ne person in
Full Name	Joseph Flade	ir 		
Mailing Address		P O Box 373		
		Fairfax Station	VA	22039 _
Title or Position ♥		CITY A	STATE	ZIP CODE
тт	reasurer		703 Telephone number	
Full Name		nated agent (e.g., assistant treasu er	rer).	
	ss of any design		rer).	
Full Name of Treasurer		er	rer).	22039
Full Name of Treasurer		P O Box 373		22039_ – ZIP CODE ▲
Full Name of Treasurer Mailing Address Title or Position ♥		P O Box 373 Fairfax Station		
Full Name of Treasurer Mailing Address Title or Position ♥	Joseph Flade	P O Box 373 Fairfax Station CITY	<u>VA</u>	ZIP CODE 🛦
Full Name of Treasurer	Joseph Flade	P O Box 373 Fairfax Station CITY	<u>VA</u>	ZIP CODE 🛦
Full Name         of Treasurer         Mailing Address         Title or Position         T         Full Name of         Designated         Agent	Joseph Flade	P O Box 373 Fairfax Station CITY A	<u>VA</u>	ZIP CODE 🛦
Full Name of Treasurer . Mailing Address Title or Position ♥ T Full Name of Designated Agent .	Joseph Flade	P O Box 373 Fairfax Station CITY A P O Box 373	VA	ZIP CODE ▲ 2500496

9.

FEC Form 1 (Revised 02/2003)		
Banks or Other Depositories:	List all banks or other depositories in which the committee deposits funds, holds account	s, rents
safety deposit boxes or maintains f	unds.	

Name of Bank, Depository, etc.

	Provident Bank		
Mailing Address	1055 Thomas Jefferson Street		
	Washington	DC 20007 -	
		STATE  ZIP CODE	