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The **BLITZ Bachmann**  
Campaign

www.BlitzBachmann.com

316 E. MAIN ST.  
ANOKA, MN 55303

June 14, 2010

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

**Re: Amended FEC1**

To Whom It May Concern:

Please find enclosed for filing in response to your letter seeking clarification dated May 12, 2010:

- 1. FEC FORM 1 Amended.

Best Regards,

**RESIDENTS FOR ACCURACY AND TRUTH**



M. Ryan Madison  
Treasurer

Enc.

10030352001

2010 JUN 21 AM 9:54

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Blitz THE 6th

ADDRESS (number and street)

316 E Main St

(Check if address  
is changed)

Anoka

MN

55303

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

Blitzthe6th@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.BlitzBranch.com

2. DATE

06 / 14 / 2010

3. FEC IDENTIFICATION NUMBER

C00482067

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Mark R. Madison

Signature of Treasurer

Date

06 / 14 / 2010

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

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

10030352002

5. TYPE OF COMMITTEE

Candidate 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 Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (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  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 Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____

10030352003

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

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

William Erhart

Mailing Address

316 E Main St

Anoka

MN

55303

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number

763-427-8008

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

Mark Ryan Madison

Mailing Address

316 E Main St

Anoka

MN

55303

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

763-427-8008

10030352004

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone 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.

Community Pride Bank

Mailing Address

1441 Bunker Lake Blvd NE

[Empty grid for Mailing Address]

Ham Lake MD 55304

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

10030352005

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
6/14/10

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Delivery Confirmation™ or Signature Confirmation™ Label

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No Postmark


Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER  
(3/2005)

6/21/10  
DATE PREPARED

10030352006