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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

FRIENDS OF DAVE CORDERMAN

ADDRESS (number and street)

1701-A CAROLINE ST

X (Check if address is changed)

FREDERICKSBURG

VA

22401

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

540-1699-12908

2. DATE 01 ' 04 ' 2008

3. FEC IDENTIFICATION NUMBER ► C00441048

4. IS THIS STATEMENT NEW (N) OR X 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 JAN C. HAFFER

Signature of Treasurer Jan C. Haffer

Date 01 ' 04 ' 2008

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

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 DAVID S. CORDERMAN

Candidate Party Affiliation REP Office Sought: House Senate President State VA District 01

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

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

FRIENDS OF DAVE CORDERMAN

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:

JAN C HAFER

Mailing Address

ACADEMY LEADERSHIP ASSOCIATES, LLC
1701-A CAROLINE ST
FREDERICKSBURG VA 22401

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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:

JAN C HAFER

Mailing Address

ACADEMY LEADERSHIP ASSOCIATES, LLC
1701-A CAROLINE ST
FREDERICKSBURG VA 22401

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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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:

UNION BANK AND TRUST

Mailing Address

12811 FALL HILL AVE

FREDERICKSBURG

VA

22401-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked


 PREPARER

1/14/08
 DATE PREPARED

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