0 **(**) M 280

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

				ZWO	JUB ffice Use SMy 8: 14	
NAME OF COMMITTEE (in full)	(Check if is change		example: If typing, type over the lines.	12FE4M5		
6000d11a++e, 6	3,10,0,1	Toilniti	Fluinidiraiis	ing C	omnittee !	
		<u> </u>				
ADDRESS (number and street)	$[\rho_1, \rho_1, \beta_1, \kappa_1, 3, 4, \rho_1, \gamma_1]$					
(Check if address						
is changed)	Allexandria VA 22302-					
COMMITTEE'S E-MAIL ADDRES	99	CITY	,	STATE	ZIP CODE	
Laurabellie		t κα .Μ.				
pajullaj-Kirjainik						
•				<u>. I I I</u>	 	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)	<u> </u>	The same of the sa	11. 		
	<u> </u>	<u> 177 - 1 1 1</u>				
COMMITTEE'S FAX NUMBER	ada a ser e de la composición de la co	~~		. * #		
703-575-97	2,41					
	3 200	8	·			
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)			
I certify that I have examined th	is Statement and	to the best of r	ny knowledge and belief	it is true, correc	et and complete.	
Type or Print Name of Treasure	Paula	Z. Kr	amp	···		
Signature of Treasurer	Un 3/4	P		Date	6 03 2008	
NOTE: Submission of false, errone			subject the person signing		•	
Office Use Only	1 (1 × ≥ 10 n)	:	For further Information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)	

. · . F	EC FO	m 1 (Hevised 12/2007) Page 2
TYPE	OF C	OMMITTEE
Can		e 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 Cand		<u> </u>
Cand Party	idate Affiliati	on Office State Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee:
(d)		(National, State (Democratic, or subordinate) committee of the Republican, 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 is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization _ Trade Association Cooperative
(f)	i) ii †	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 Leadership PAC. (Identify sponsor on line 6.)
Join	t Func	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	Relly on Your Belliefs F FEC ID number C 0034 4648
	2.	Bitleve Chabot Hor Congrescionumber C00301838
	3.	The Good Fund FEC ID number COO 409 185
	4.	Mike Rogers Hur Congréses Donner C 003678 62
	5.	Liel Merry Hor Congress FEC ID number C. O 0 33 0 811
	6.	Walberg for Congress C00390724

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Write or Type Committee Name		
	Blunt Joint Fundraising Committ	ee
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising R	epresentative
Mailing Address		
		لـــــا-لــ
	CITY STATE ZIF	PCODE
Relationship:	20 COS	
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising	Representative
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
Full Name [Pau]	1, a, 2, Kramp, i	
Mailing Address	113151211 Nitirgiania Million Dr.	
	Fairfox VA 2203	3-1
Title or Position	CITY STATE ZIF	PCODE
Tirigaisivirien	Telephone number 571-214	3-6296
3. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer	La Z Kramp	
Mailing Address	13521 Wingsinia Willow Dr	لنناننا
	Fairfax NA 2203	3-1
Title or Position	CITY STATE ZIF	CODE
Tirlelaisorie, ri	Telephone number S71 - 2 Y	3-6296

9.

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Full Name of Designated Agent	Lajura, Nicimenajajin	
Mailing Address	14,6,1,8, Latrobe, Pilace	
	Alexandria VA 2	2,3,1,1 - ZIP CODE
Title or Position		
AISISI ISIT	Telephone number 70,3]-[S,7,5]-[9,7,2,3]
Mailing Address	[13360 Franklin Farm Rd	
	Hierrindian [2]	201711-
	CITY	ZIP CODE
Name of Bank, D	Depository, etc.	
4	<u> </u>	1
Mailing Address		
	CITY STATE	ZIP CODE

(3/2005)

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. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** ostmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED