

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

LAMBERTI FOR CONGRESS

ADDRESS (number and street)

621 EAST 9TH STREET☒(Check if address
is changed)**DES MOINES****IA****50309**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

GOTMAILFEC@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8663277296

2. DATE

M M
0 4/ D D
0 6/ Y Y Y Y
2 0 0 5

3. FEC IDENTIFICATION NUMBER

C C00410878

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

GINA NOLL

Signature of Treasurer

Electronically Filed by **GINA NOLL**

Date

M M
0 7/ D D
1 3/ Y Y Y Y
2 0 0 7

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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

JEFFREY LAMBERTI

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

IA

District

3

- (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

ROMP IV 2006

Mailing Address

228 S WASHINGTON STREET

SUITE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JNT FUNDRAISING REP

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

LAMBERTI FOR CONGRESS

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 **GINA NOLL**

Mailing Address **PO BOX 7255**

DES MOINES **IA** **50309** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

ASSISTANT TREASURER Telephone number **515** - **229** - **0601**

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 **JEFFREY COURTER**

Mailing Address **700 WALNUT, SUITE 1600**

DES MOINES **IA** **50309** - **3899**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **515** - **283** - **8048**

Full Name of Designated Agent **GINA NOLL**

Mailing Address **PO BOX 7255**

DES MOINES **IA** **50309** - **7255**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

ASSISTANT TREASURER Telephone number **515** - **229** - **0601**

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.

VALLEY BANK

Mailing Address

500 E LECLAIRE RD

PO BOX 405

ELDRIDGE

IA

52748

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address **WACHOVIA BANK**
100 N MAIN ST
WINSTON-SALEM **NC** **27150** -
 CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

[ADDITIONAL]

ZIP CODE ▲

Telephone number _____ - _____ - _____

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Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

BB&T		
1909 K STREET NW		
WASHINGTON	DC	20006 -
CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

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Corporation

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Corporation w/o Capital Stock

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Labor Organization

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Membership Organization

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Trade Association

☐

Cooperative

[ADDITIONAL]

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[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

LAMBERTI-IOWA VICTORY 06 COMM

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JOINT FUNRAISING REP

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE▲

ZIP CODE ▲

Telephone number

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CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

ROMP IV 2006

Mailing Address

228 So. Washington Street

Suite 115

Alexandria

VA

22314

CITY ▲

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Relationship

JOINT FUNDRAISING REP

Type of Connected Organization:

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Membership Organization

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Trade Association

☐

Cooperative

[ADDITIONAL]

ZIP CODE ▲

Telephone number _____ - _____ - _____