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FEC FORM 1

Only

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STATEMENT OF ORGANIZATION

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(See instructions) Office use only 1. NAME OF (Check if name Example: If typying, type COMMITTEE (in full) 12FE4M5 is changed) over the lines The 2008 President's Dinner Committee ADDRESS (number and street) (Check if address is changed) CITY _ STATE _ ZIP CODE COMMITTEE'S E-MAIL ADDRESS cabell@complianceconsultingva.com COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 2008 DATE **FEC IDENTIFICATION NUMBER** C 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 Treasure Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toli Free 800-424-9530 Local 202-694-1100 (Revised 02/2003)

| | FECFor | m 1 (Revised 02/200 | 3) | | | | Page | 2 |
|----------|-------------------------------|---|-------------------|------------------------|---|-----------------|--|--------------|
| 5. | TYPE OF CO | MMITTEE (Check On | 9) | | | | | |
| | (a) | This committee is a This committee is a information below.) | | _ | | | low.) Complete the candida | te |
| | Name of Candidate | <u> </u> | | 1 1 1 1 1 | ·! , , , ; | <u> </u> | 1: 1: 1.1.1 | <u> </u> |
| | Candidate Party Affiliatio | on | Office Sought: | House | Senate | Pres | State ident District | |
| | (c) | This committee supp | orts/opposes o | nly one candidate, a | nd is NOT an author | rized committee | | |
| | Name of Candidate | <u> </u> | <u> </u> | | <u></u> | <u>illl.</u> | <u> </u> | |
| | (d) | This committee is a | | | ate) committee of the | e | (Democratic, Republican,e | etc.) Party. |
| | (e) X | This committee is a s This committee supp committee. | | | al candidate, and is | NOT a separate | segregated fund or p | arty |
| Б. Б. | - | Connected Organiz | | | · | | | · ! |
| | | | | | ; ' ; | : | ! : | |
| | Mailing Addre | ess | 425 | SECOND STREE | TNE | 1 1 1 1 1 | . | |
| | | L_: 1 | | SHINGTON , , | <u> </u> | pc | <u> </u> | |
| | | L_i | | <u>. ' h. ' .'. ' </u> | <u> </u> | | | |
| | | | | CITYA | | STATE A | ZIP CODE | A |
| | Relationship | Joint FR | Participant | | <u>: - </u> | | <u> </u> | |
| | Type of Conn | ected Organization: | | | | | | |
| | Corpo | oration | | Corporation w/o | Capital Stock | Labo | r Organization | |
| | Mem | bership Organization | | Trade Association | n | Coo | perative | |

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|--|---|-------------------------------|---------------------|
| Vrite or Type Committee Name | | | |
| The 2008 President's Din | ner Committee | | |
| Custodian of Records: Identification of Committee be | tify by name, address, (phone number cooks and records. | optional), and position of th | e person in |
| Full Name Cabell H | obbs | | |
| Mailing Address | P.O. Box 365 | | |
| - | McLean | VA | 22101 _ |
| Title or Position ♥ | CITY A | STATE | ZIP CODE A |
| Treasurer | | 703 Telephone number | 942 6007 |
| Treasurer: List the name are name and address of any definition of Treasurer List the name are name a | nd address (phone number optional) of esignated agent (e.g., assistant treasurer) |). | |
| name and address of any de | esignated agent (e.g., assistant treasurer) |). | |
| name and address of any definition of Treasurer Cabell Headers | esignated agent (e.g., assistant treasurer) | VA | 22101 |
| name and address of any definition of Treasurer Cabell Headers | esignated agent (e.g., assistant treasurer) obbs P.O. Box 365 |). | |
| name and address of any definition of Treasurer Mailing Address | esignated agent (e.g., assistant treasurer) obbs P.O. Box 365 McLean CITY A | | 22101 - |
| name and address of any definition of Treasurer Mailing Address Title or Position ♥ | esignated agent (e.g., assistant treasurer) obbs P.O. Box 365 McLean CITY A | VA | 22101 ZIP CODE ▲ |
| name and address of any definition of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated | esignated agent (e.g., assistant treasurer) obbs P.O. Box 365 McLean CITY A | VA | 22101 ZIP CODE ▲ |
| rame and address of any definition of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent | esignated agent (e.g., assistant treasurer) obbs P.O. Box 365 McLean CITY A | VA | 22101 ZIP CODE ▲ |

| Banks or Other D safety deposit box Name of Bank, De | es or main | ntains | | t all b | anks | OF 0 | ther | dep | osit | orie | s in | whi | ich ti | ne c | om | mitte | ee d | depo | sits | fun | ds, I | hold | ls a | CCO | unts | s, rei | nts | | |
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| Mailing Address | | L. | 144 | 5-A I | Laug | ghlir | 1 A\ | /en | ue | | | L | :L | | | | | Ц | | | | <u></u> | | | | i | | .!_ | |
| | | L_ | | | <u></u> | | | | 1 | | | لــــــــــــــــــــــــــــــــــــــ | L1. | <u> </u> | | <u>:</u> | | L1 | | | | ı | : | ! | <u></u> | ! | | | ı |
| | | ! | Mc | _ean | <u></u> | _!_ | <u>: 1</u> | | | | 1 | | L., | | _ <u>:</u> _ | 1 | | | / A | | L | | , 2 | 210 | 1 | - [| | | |
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| Name of Bank, De | pository, e | etc. | | | | | | | | | | _ | | | | | | | | | | | | | | | | | |
| | <u> </u> | | | <u>.</u> ! | <u>: </u> | _1_ | <u>:]</u> . | | · | <u>i</u> . | _L_ | | L_ J_ | | 1_ | | <u>L</u> . | Ŀŧ | | | | _l | <u></u> | لــا | | | | <u>!</u> _ | i |
| Mailing Address | | L | | | <u>. </u> | | 11 | L | ! | | 1 | J | | L | 1 | | | <u> </u> | · ! | | | | <u>L</u> _ | | | | <u>!</u> . | | ı |
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| Banks or Other Deposit safety deposit boxes or n Name of Bank, Depositor | naintains funds. | | [ADDITIONAL] |
|--|---|------------|----------------|
| Mailing Address | CITY Δ | STATE 4 | ZIP CODE A |
| | | | |
| • | od Organization or Affiliated Committee | _, | [ADDITIONAL] |
| • | ICAN CONGRESSIONAL COMMITTEE | | [ADDITIONAL] |
| • | | | [ADDITIONAL] |
| NATIONAL REPUBL | ICAN CONGRESSIONAL COMMITTEE | | [ADDITIONAL] |
| NATIONAL REPUBL | ICAN CONGRESSIONAL COMMITTEE | pc | [ADDITIONAL] |
| NATIONAL REPUBL | GAN CONGRESSIONAL COMMITTEE 320 FIRST STREET WASHINGTON | DC STATE A | |
| NATIONAL REPUBL Mailing Address | ICAN CONGRESSIONAL COMMITTEE 320 FIRST STREET WASHINGTON CITY▲ | | 20003 |
| NATIONAL REPUBL Mailing Address Relationship | ICAN CONGRESSIONAL COMMITTEE 320 FIRST STREET WASHINGTON CITY▲ int FR Participant | | 20003 - |
| NATIONAL REPUBL Mailing Address | ICAN CONGRESSIONAL COMMITTEE 320 FIRST STREET WASHINGTON CITY▲ int FR Participant | STATE A | 20003 - |
| NATIONAL REPUBL Mailing Address Relationship | ICAN CONGRESSIONAL COMMITTEE 320 FIRST STREET WASHINGTON CITY▲ int FR Participant | STATE A | 20003 |

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| Designated Agent | | ſ | ADDITIONAL] |
|---------------------|--------|--------------|--------------|
| Full Name | | <u> </u> | |
| - | | | |
| Title or Position ♥ | CITY A | STATE | ZIP CODE A |
| | Telep | phone number | - <u>-</u> - |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho | |
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| Hand Delivered | Date of Receipt |
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| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirma | tion™ Label |
| USPS Express Mail | Postmarked |
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| Overnight Delivery Service (Specify): | Shipping Date |
| Next Business D | Day Delivery |
| 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 |
| Other (Specify): | eipt or Postmarked |
| Sa | 4/23/28 |
| PREPARER (3/2005) | DATE PREPARED |