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FEC FORM 1		_	ORGANIZ			Office Use Only
NAME OF COMMITTEE (in	ı full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4	वर्ष काल केराव क्षेत्र <b>का विकास वर्षिक अ</b> च्यी
B.A.R.R. 12,0	, <b>0</b> , <b>8</b> , 1	° <sub> </sub> R <sub>1</sub> E <sub>1</sub> ′	S <sub>I</sub> I, D <sub>I</sub> E <sub>I</sub> N <sub>I</sub> T <sub>I</sub> I	[A,L, C,O,M,M,I,T,T	·, E, E, ,	<del> </del>
ADDRESS (number a	nd street)	PO	, β, ο, <b>Χ</b> , ., 7, 2	.,5,0,0,7, , , , , ,		
	(Check if address is changed)		LANTA,		[6,4]	[.,,,]-[P, <b>8</b> ,1,1,6]
				CITY	STATE	ZIP CODE
COMMITTEE'S E-MA				•		1
I, N, F, O, @, B, O	I D' D' V		0,0,0,.,0,.	<u>}</u>		<u> </u>
		للل		<u> </u>	<u></u>	
COMMITTEE'S WEB	PAGE ADI	ORESS (	(URL)			
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	<u> </u>	·			<u> </u>	
COMMITTEE'S FAX	NUMBER					
6.7.81-[3.8.4	-  <b>5</b> <sub>1</sub> 7 <sub>1</sub> 1	4 5				
2. DATE O	5 2	3 '[	Σο.οβ			
3. FEC IDENTIFIC	CATION NU	JMBER	C	the second secon		
4. IS THIS STATE	MENT X	NE	W (N) OR	AMENDED (A)		
I certify that I have t	examined th	is State	ment and to the bes	t of my knowledge and belief i	t is true, con	rect and complete.
Type or Print Name	of Treasure	DA	VID CHASTA	In .		
Signature of Treasure	ar <u>Z</u>	bi,	Charlas	ч <u> </u>	Date	5 22 2008
NOTE: Submission of				may subject the person signing		nt to the penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

F	EC For	rm 1 (Revised 12/2007)	Page 2					
TYPE OF COMMITTEE								
	didate	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. (Complet information below.)	e the candidate					
	Name of Candidate B.O.B. B.A.R.R.							
Candi Party	idate Affiliatio	on LIB Office Sought: House Senate X President	State District					
(c)	Ĩ	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Candi								
Part	y Com	nmittee:						
(d)			mocratic, publican, etc.) Party.					
Polit	ical A	ction Committee (PAC):						
(e)	2	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:					
		Corporation Corporation w/o Capital Stock	abor Organization					
		Membership Organization Trade Association	ooperative					
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint	Fund	raising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political					
(h) ·		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political					
Committees Participating in Joint Fundraiser								
	1.	FEC ID number						
	2.		Aprindimention in Landbury					
	3.	FEC ID number						
	4.	FEC ID number						
	5.		and the second s					

FEC Form 1 (Revised	12/2007)	Page 3
Write or Type Committee Name		, ago &
BARR 2008 PRE	SIDENTIAL COMMETTEE	•
<del></del>	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundra	ising Representative
		·
	<u> </u>	
Mailing Address		
Relationship:	CITY STATE	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fund	raising Representative
<ol> <li>Custodian of Records: ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in	possession of committee
Full Name JEN	ITFER CHAMBRIN	
Mailing Address	[P,o, B,o,x, 7,2,5,0,0,7,	
	[AT; L,A,N,T,A] [6,4] [3,1	1.39-
Title or Position	CITY STATE	ZIP CODE
[C,U,S,T,O,D,T,A,N,	Telephone number	لــــا-لــنا
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name of Treasurer D; A   V   T	D. C.N.A.S.T.A.I.N	
Mailing Address	[P,O; 18,0,X, 17,2,5,0,0,7, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<b>T</b>	CITY STATE	ZIP CODE
Title or Position	ii	1 1-1 1
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CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 12/2007)

Full Name of Designated Agent

Mailing Address

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