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FORM 1

STATEMENT OF **ORGANIZATION**

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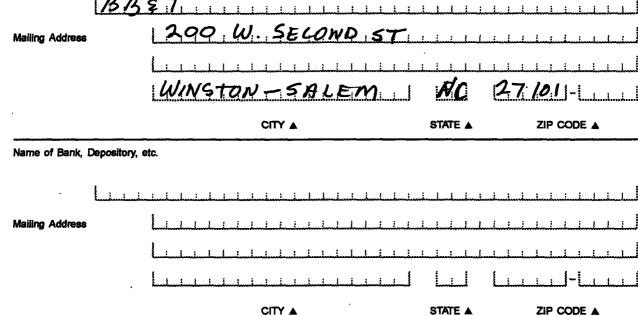
			Office Use O	only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
BURT SAUNDERS FOR U.S. CONGRESS							
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ADDRESS (number and street) P.O./: BOX: 0:7:221:::::::::::::::::::::::::::::::::							
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is changed)	FORT MYE	RS	FL 3391	<u>9</u> j-L			
		CITY A	STATE A ZIP	CODE A			
COMMITTEE'S E-MAIL ADDRES		110					
melodie@ con	npliance con	shiquanco	<u>Miiiiiii</u>	لخخصا			
	. <u></u>	<u></u>	<u></u>				
COMMITTEE'S WEB PAGE ADI	ORESS (URL)						
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COMMITTEE'S FAX NUMBER	,						
لننا الننا الننا							
2. DATE / 2 28 2007							
3. FEC IDENTIFICATION NU	JMBER ▶ C	gangangangangangangang kandan kandan kandan kand					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct and complet	te.			
Type or Print Name of Treasure	CADELL 1	tobbs .					
	0		ameranana : aneranen	:			
Signature of Treasurer	dulk full		Date 72 28	2007			
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		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	on PEC I	FORM 1 d 02/2003)			

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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. (Cominformation below.)	nplete the candidate
Name of Candidate	liiiiiii
Candidate Party Affiliation Office Sought: O	State FL District 14
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	<u> </u>
(National, State (d) This committee is a 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 se	egregated fund or party
Name of Any Connected Organization or Affiliated Committee	
Name of Any Connected Organization or Affiliated Committee	
NOVE	
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Mailing Address Mailing Address	ZIP CODE A

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	FEC Form 1 (Revised)			Page 3		
٧	Write or Type Committee Name					
		AUNDERS FOR				
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number o	optional) and position of the p	person in possession of committee		
	Full Name ME	LODIE PERROTTI		<u></u>		
	Mailing Address	PO, BOX, 365.		<u> </u>		
		M. LEAN	M M	22101-		
	Title or Position▼	CITY A	STATE A	ZIP CODE A		
	ASSISTANT	TREASURER.	Telephone number	<u>l-Ll-L</u>		
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	ELL HOBBS	_iiiiiiiii	<u> </u>		
	Mailing Address	1 P.a. BOX 365	<u></u>	<u> </u>		
				<u> </u>		
		MCLEAN	VA	22-1011-		
	Title or Position▼	CITY A	STATE A	ZIP CODE ▲		
	TREASURE	<u> </u>	Telephone number			
	Full Name of Designated Agent MEL	ODIE: PERROTTI.:				
	Mailing Address	P.O. BOX: 365				
		<u> </u>				
		MCLEAN	<u> VA</u>	221011-		
	Title or Position▼	CITY A	STATE A	ZIP CODE ▲		
	ASSIST ANT	TREASURER	Telephone number			
				······································		

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.



(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** Postmark Illegible No Postmark Shipping Date Fed Ex **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):

DATE PREPARED