

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2007 DEC 31 AM 8:53

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

BURT SAUNDERS FOR U.S. CONGRESS

ADDRESS (number and street)

P.O. BOX 07221

☐

(Check if address  
is changed)

FORT MYERS

FL

33919

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

melodie@complianceconsultingva.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 28 2007

3. FEC IDENTIFICATION NUMBER ►

C

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

CADELL HOBBS

Signature of Treasurer

*Cadell Hobbs*

Date

12 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 contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

FE3AN042.PDF

27039580616

## 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

Candidate Party Affiliation

NONE

Office Sought:

☒

House

☐

Senate

☐

President

State

FL

District

14

- (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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

BURT SAUNDERS FOR U.S. 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 MELODIE PERROTTI

Mailing Address P.O. BOX 365

MCLEAN VA 22101

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER Telephone number

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 CABELL HOBBS

Mailing Address P.O. BOX 365

MCLEAN VA 22101

Title or Position

CITY

STATE

ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent MELODIE PERROTTI

Mailing Address P.O. BOX 365

MCLEAN VA 22101

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT 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.

BB&T  
Mailing Address 200 W. SECOND ST  
WINSTON-SALEM NC 27101  
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address  
CITY ▲ STATE ▲ ZIP CODE ▲

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.

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☐ Postmark Illegible

☐ No Postmark


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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER

(3/2005)

*12/31/07*

DATE PREPARED

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