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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2008 JUL -7 AM 8: 41

FORM 1			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
ONDER FOR	:C,o,U,G,R,E,S,S,		
	<u> </u>		
ADDRESS (number and street)	[P,0, ,8,0,x, ,1]	ן, די	
(Check if address is changed)	C.O.L.U.M.B.T.Q.		MO 65205-1771
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR	·		,
BOBBBOUD			
	<u> </u>		
COMMITTEE'S WEB PAGE A	DDRESS (URL)		
WW BO BO NO	ER. COM		<u></u>
	1111,111		
COMMITTEE'S FAX NUMBER	.		
6:36-757-1:2	4,3,5		
2. DATE 0 6 2	<u>.</u> 6 2 0 0 8		
3. FEC IDENTIFICATION	NUMBER C	0,0446799	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the b	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasu	rer Patrick	Eckelkami	· >
.,,,	2-1 -1		STATE OF THE STATE
Signature of Treasurer	atalk Shul	ly s	Date 06 26 2005
NOTE: Submission of false, erro	•	on may subject the person signing	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	

	FEC Fo	orm 1 (Revised 12/2007)	Page 2		
		COMMITTEE e Committee;			
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	FT	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate		
	me of ndidate	BOB, ONDER	<u> </u>		
	ndidate rty Affiliati	ion REP Office Sought: House Senate President	State M 0 District 0.9		
(c)	ji li	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	me of indidate				
Pa	arty Con	mmittee: (National, State	nocratic,		
(d)			ublican, etc.) Party.		
Po	olitical A	Action Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:		
			bor Organization		
		Membership Organization Trade Association Co	poperative		
(f)		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.)			
Jo	int Fund	draising Representative:			
(g)	1	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.	more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political		
	Committees Participating in Joint Fundraiser				
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	2.	[
		weight a standard and the standard and t	handanda calamida ad Teres and a spenie		
	3.	FEC ID number	Marchaelle résentes		
	4.	FEC ID number C	manuface. Lange I around a see		
	5.	FEC ID number C			

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FEC Form 1 (Revise Write or Type Committee Na		Page 3
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ONDER FOR 6. Name of Any Connecte	CONGRESS d Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundrais	ng Representative
. Hame of Any confiden	· · · · · · · · · · · · · · · · · · ·	ing nepresentative
Mailing Address		11111
·		1 1 1 1 1 1 1
		[-] [
	CITY STATE	ZIP CODE
Relationship:		•
Connected Organizat	on Affiliated Committee Leadership PAC Sponsor Joint Fundra	sing Representative
Full Name P	CITY STATE	2,0,5]-[1,7,7,/] ZIP CODE 2,2,1]-[2,6,2,1]
3. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name of Treasurer	tricic Ecikelikiqimp	
Mailing Address	Po: Box: 117771:	
	COLUMBIA CITY STATE	2,0,5 - 1,7,7,1
Title or Position	OII T SIMIE	ZIF GODE
TREASURE		2211-[2621]

FUI Name of Designated Agent Mailing Address CITY STATE ZIP CODE Title or Position Telephone number ZIP CODE Title or Position Telephone number FUR LE M I E R B N N K CITY STATE ZIP CODE Tolephone number CITY STATE ZIP CODE Tolephone number FUR LE M I E R B N N K CITY STATE ZIP CODE CITY STATE ZIP CODE Name of Bank, Depository, etc. CITY STATE ZIP CODE Name of Bank, Depository, etc.				ر ا
Designated Agent Mailing Address CITY STATE ZIP CODE Title or Position Telephone number Telephone number Telephone number FREMITER BANK Mailing Address CITY STATE ZIP CODE Title or Position Telephone number FREMITER BANK Mailing Address CITY STATE ZIP CODE Name of Bank, Depository, etc.	FEC Form 1 (Re	evised 12/2007)	<u> </u>	Page 4
Title or Position Telephone number Telephone n	Designated		1 1 1 1 1 1 1 1 1 1 1 1 1	
Title or Position Telephone number Telephone n	Mailing Address			
Title or Position Telephone number Telephone n				
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. PREMIE, BANK B		I	يا ليسيلسيا ليستسسساسيني	ZIP CODE
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address Cals Round Ro	Title or Position		Telephone number	<u> </u>
Mailing Address C 2 5 3 R 0 N A L D R E G A N D R I V E	safety deposit boxes or	maintains funds.	n which the committee deposits fun	nds, holds accounts, rents
LAKE, ST. LOUIS PO G3367-ZG65 CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	_			
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	Mailing Address	[6,2,5,3, P,0,N,A,L,D: R	LEAGAN DRIVE	
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address		!		
Name of Bank, Depository, etc. Mailing Address Line Indian Control C		LAKE, ST, LOUIS	Silii MO	G33G7 - Z665
Mailing Address Liting Address Liting Address Liting Address		CITY	STATE	ZIP CODE
	Name of Bank, Deposi	tory, etc.		,
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	Mailing Address			
. CITY STATE ZIP CODE				
, CITY STATE ZIP CODE				1 1_1 1

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	Federal Election Commission ELOPE REPLACEMENT PAGE FOR INCOMIN Industrial description of this filing to indicate the control of the control o	
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Received	from Senate Public Records Office	Date of Receipt
Received	from Electronic Filing Office	Date of Receipt
Other (St		Receipt or Postmarked
Eb		7/7/08
PREPARER		DATE PREPARED
(3/2005)		