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FEC

STATEMENT OF

	(EDEIVED)
:	THE ELECTION
	# ###\$\$104

ORGANIZATION FORM 1 (See instructions) 2010 00 parce has offen 12: 24 NAME OF (Check if name Example: If typying, type 12FE4M5 over the lines **COMMITTEE** (in full) is changed) ADDRESS (number and street) (Check if address is changed) ZIP CODE CITY _ STATE _ COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) COMPLIANCE@COMPLIANCECONSULTINGVA.COM (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE M M C **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) ar 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 **MELODIE JOHNSON** Type or Print Name of Treasurer Melodie Johnson 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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

ffice Jse		For further Information contact Federal Election Commission
Only		Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

1

		FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	E OF CO	MMITTEE (Check One)	
	Cano	didate C	ommittee:	
	(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 information below.)	e the candidate
	Nam Can	e of didate		
		didate y Affiliatio	on Conght: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Can	ne of didate		
	Part	y Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Poli	tical Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
			Corporation Corporation w/o Capital Stock	bor Organization
			Membership Organization Trade Association C	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregi	ated fund or party
		لنسط	committee. (i.e., nanconnected committee)	
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	t Fundra	ising Representative:	
	(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	mittees Participating in Joint Fundraiser	
			1. QUAYLE FOR CONGRESS 1. FEC ID number C C00479	5863
			DAVID SCHWEIKERT FOR CONGRESS 2. FEC ID number C C00441	07,27
			3 PAUL GOSAR FOR CONGRESS FEC ID number C C00461	806

KELLY FOR CONGRESS

C C00460808

FEC ID number

Write or Type Committee Name

CDAND	CANVON	CTATE I	I FADFRSHIP	ELIND

6. Name of Any Connected Org	ganization, Affiliated Committee, Joi	nt Fundraising Represe	entative, or Leade	rship PAC Sponsor
NONE		<u> </u>		
1 1 1 1 1 1 1 1 1 1				
Mailing Address				
			ا ليا	
	CITY▲		STATE A	ZIP CODE
Relationship: Connected Organization	Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Sponsor
possession of Committee	entify by name, address, (phone ne books and records. LL HOBBS	umber optional), ar		e person in
Mailing Address	PO BOX 365			
Maining Address				
	MCLEAN		VA	22101 _
Title or Position ♥	CITY A		STATE &	ZIP CODE &
ASSISTA!	NT TREASURER	Telephone no	umber	
8. Treasurer: List the name	e and address (phone number op y designated agent (e.g., assistant		er of the commit	tee; and the
8. Treasurer: List the name name and address of any			er of the commit	tee; and the
8. Treasurer: List the name name and address of any	y designated agent (e.g., assistant		er of the commit	tee; and the
8. Treasurer: List the name name and address of any Full Name of Treasurer MELC MELC	y designated agent (e.g., assistant		er of the commit	tee; and the
8. Treasurer: List the name name and address of any Full Name of Treasurer MELC MELC	y designated agent (e.g., assistant DDIE JOHNSON PO BOX 365			

CITY A

CABELL HOBBS

PO BOX 365

FEC Form 1 (Revised 02/2009)

Full Name of Designated

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

Agent

22101 -

ZIP CODE A

ZIP CODE A

ZIP CODE A

STATE 4

Name of Bank, Depository, e	tc.	ī	ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE 4	ZIP CODE A
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leader	[ADDITIONAL ship PAC Sponsor
		111111	
	<u> </u>		
Mailing Address		1.1.1.1.1.1	
		<u> </u>	<u> </u>
		ا ليا لـ	
ationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising F	Representative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Designated Agent Full Name			
Mailing Address			<u> </u>
	CITY A	STATE	ZIP CODE &
Title or Position ♥			
Title or Position ♥		phone number	

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 10/2/10 Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** 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): **PREPARER** DATE PREPARED

(3/2005)