

513 South Washington Street  
Easton, MD 21601  
(410) 822 1988  
Fax: (410) 820 5053

**FACSIMILE TRANSMISSION**

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**DATE:** November 10, 2008

**TO :** Federal Election Commission

**LOCATION :** Washington DC

**TELEPHONE NO.** **TELEFAX NO.** (202) 219-0174

**FROM:** John F. Hall

**NUMBER OF PAGES BEING TRANSMITTED:** 5 (Including Cover)

**ITEM(S) BEING TRANSMITTED:** FEC Form 1

**MESSAGE**

Greetings:

I submit an amended FEC 1 to provide a complete address and to respond to Questions 5 and 6. Because there were no changes to page 4, I have not included that page, as the manual instructs.

John F. Hall

**NOTICE:**

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**INITIALS:** jfh

file number 0007

28039914896

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

Talbot County Republican Leadership Council

ADDRESS (number and street) 513 South Washington Street

(Check if address is changed) Easton MD 21601

COMMITTEE'S E-MAIL ADDRESS thall@ewingdietz.com

COMMITTEE'S WEB PAGE ADDRESS (URL) NONE

COMMITTEE'S FAX NUMBER 410 - 820 - 5053

2. DATE 10 23 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR X 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 John F. Hall

Signature of Treasurer [Handwritten Signature] Date 11 09 2008

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, Tell Free 800-424-6530, Local 202-594-1100. FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation      Office Sought:      House      Senate      President      State      District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 8.) Its connected organization is a:
  - Corporation      Corporation w/o Capital Stock      Labor Organization
  - Membership Organization      Trade Association      Cooperative

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C
5. \_\_\_\_\_ FEC ID number C

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Talbot County Republican Leadership Council  
FEC Form 1 (Revised 12/2007)

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization
- Affiliated Committee
- Leadership PAC Sponsor
- Joint Fundraising Representative

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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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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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A  
 PREPARER

N/A  
 DATE PREPARED

(5/2004)

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