

SECRETARY OF THE SENATE
08 JUN 17 AM 9: 58

BOB BIRD FOR SENATE COMMITTEE

P.O. Box 7050
Nikiski, AK 99635
FEC ID: C00450940

June 9, 2008

Secretary of the Senate
Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-0109

To Whom It May Concern:

The following FEC FORM 1 is being resubmitted as an amendment changing the name of the Treasurer and Custodian of Records from Bob Welzel to Wendy Dahl.

Please contact me at the number below if you have any questions regarding this change.

Wendy Dahl, Treasurer
Bob Bird for Senate Committee

Wendy Dahl
2800 Riverdell Drive
Wasilla, Alaska 99654
907-355-6109

28020262958

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
08 JUN 17 AM 9:58

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BOB BIRD FOR SENATE COMMITTEE

ADDRESS (number and street)

PO BOX 7050

(Check if address is changed)

NIKISKI

AK

99635

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

BIRDH.SENATE@MSN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

BIRDFORSENATE.COM

COMMITTEE'S FAX NUMBER

907-373-1596

2. DATE

06 09 2008

3. FEC IDENTIFICATION NUMBER

C00450940

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

WENDY DAHL

Signature of Treasurer

Wendy Dahl

Date

06 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
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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 BOB BIRD

Candidate Party Affiliation AIP Office Sought: House Senate President State AK 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 6.) 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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____
5.	_____	FEC ID number	<u>C</u> _____

28020262960

Write or Type Committee Name

BOB BIRD FOR SENATE COMMITTEE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

WENDY DAHL

Mailing Address

2800 RIVERDELL DRIVE

WASILLA

AK

99654

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

907-355-6109

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

WENDY DAHL

Mailing Address

2800 RIVERDELL DRIVE

WASILLA

AK

99654

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

907-355-6109

28020262961

Full Name of Designated Agent

JENNIFER LAMBERTH

Mailing Address

8450 GREENHILL WAY

ANCHORAGE

CITY

AK

STATE

99502-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

206-327-4415

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.

WELLS FARGO

Mailing Address

11216 KENAI SPUR HWY

KENAI

CITY

AK

STATE

99611-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28020262962

XTREMELY URGENT

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Schedule package pickup right from your home or office at usps.com/pickup

Print postage online - Go to usps.com/postage

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99654
JUN 11 2008
AMOUNT

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ORIGIN (POSTAL SERVICE USE ONLY)

TO ZIP Code

Date Accepted

Day of Delivery: Next 2nd 3rd Del Day

Scheduled Date of Delivery: Next 2nd 3rd Del Day

Month: _____ Day: _____

Scheduled Time of Delivery: AM PM

Time Accepted: AM PM

Postage: \$ _____

Return Receipt Fee: \$ _____

Insurance Fee: \$ _____

Total Postage & Fees: \$ _____

Acceptance Emp. Initials: _____

Int'l Alpha Country Code: _____

Flat Rate or Weight: _____ lbs. ozs.

DELIVERY (POSTAL SERVICE USE ONLY)

No. Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM		
No. Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM		
No. Delivery Date	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM		

CUSTOMER USE ONLY

NO DELIVERY (Weekend, Holiday, Mailer Signature)

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer from whom the merchandise was purchased does not sign and return the merchandise to the originator. Signature of addressee or addressee's agent (if delivery attempt is made) may be made without signature of addressee or addressee's agent (if delivery attempt is made) and signature of addressee or addressee's agent (if delivery attempt is made) is not required for delivery of merchandise. Signature of addressee or addressee's agent (if delivery attempt is made) is not required for delivery of merchandise.

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TO: (PLEASE PRINT) PHONE: () - () - ()

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

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Potomac



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 06-11-08
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

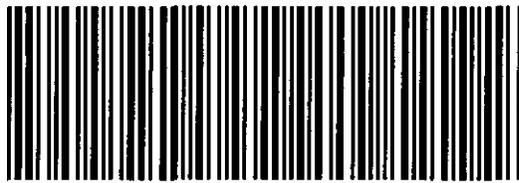
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 06-17-08

28020262964



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