

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2003 MAY -1 A 10:56

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

DOW CORNING LEGISLATIVE ACTION TEAM

ADDRESS (number and street)

P.O. BOX 994

(Check if address is changed)

MIDLAND

MI

48886

0994

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

L.K.holman@dowcorning.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

04

10

2003

3. FEC IDENTIFICATION NUMBER

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

LISA K. HOLMAN

Signature of Treasurer

*Lisa K. Holman*

Date

04

10

2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact  
Federal Election Commission  
Toll Free 800-426-9933  
Local 202-453-1100

FEC FORM 1  
(Revised 1/2001)

2003 MAY -1 A 10:56

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  Office Sought:  House  Senate  President State  District

- (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

DOW CORNING CORPORATION \_\_\_\_\_

Mailing Address \_\_\_\_\_ P.O. BOX 994 \_\_\_\_\_

\_\_\_\_\_ MIDLAND \_\_\_\_\_ MI \_\_\_\_\_ 48696 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_ CONNECTED ORGANIZATION \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

**DOW CORNING LEGISLATIVE ACTION TEAM**

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 MARTHA DENBAAS

Mailing Address COMERICA BANK PAC SERVICES - 2250  
P.O. BOX 75000  
DETROIT MI 48275 2250

Title or Position CITY STATE ZIP CODE  
CUSTODIAN OF RECORDS 248 371 5562  
 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 LISA K. HOLMAN

Mailing Address DOW CORNING CORPORATION  
P.O. BOX 994  
MIDLAND MI 48686

Title or Position CITY STATE ZIP CODE  
TREASURER 989 496 4087  
 Telephone number

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position CITY STATE ZIP CODE  
 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.

COMERICA BANK

Mailing Address

P.O. BOX 75000

PAC SERVICES - 2250

DETROIT

MI

48275 - 2250

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name DON OLSEN

Mailing Address 1300 WILSON BLVD.

9TH FLOOR

ARLINGTON VA 22209

Title or Position CHAIRMAN CITY ARLINGTON STATE VA ZIP CODE 22209

Telephone number 703 741 5885

20070101 10:00 AM

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-1-03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sej</i> PREPARER	5-1-03 DATE PREPARED