

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

MINNESOTA-COLEMAN VICTORY COMMITTEE

ADDRESS (number and street)

7315 Wisconsin Avenue

Suite 705 East

(Check if address is changed)

Bethesda

MD

20814

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

cfs@talentpaymaster.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3016568343

2. DATE

03 / 31 / 2008

3. FEC IDENTIFICATION NUMBER

C C00436428

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

Anthony G. Sutton

Signature of Treasurer

Electronically Filed by Anthony G. Sutton

Date

03 / 31 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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

COLEMAN FOR SENATE 08  
\_\_\_\_\_

Mailing Address  680 Transfer Road  
 Suite A  
 St. Paul  MN  55114 -  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship  Jnt Cmte Participant \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**MINNESOTA-COLEMAN VICTORY COMMITTEE**

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 **Campaign Financial Services**

Mailing Address **7315 Wisconsin Avenue**

**Suite 705 East**

**Bethesda** **MD** **20814** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Custodian of Records** Telephone number **301** - **656** - **8088**

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 **Anthony G. Sutton**

Mailing Address **525 Park Street**

**Suite 250**

**St. Paul** **MN** **55103** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **651** - **554** - **1111**

Full Name of Designated Agent **Campaign Financial Services**

Mailing Address **7315 Wisconsin Avenue**

**Suite 705 East**

**Bethesda** **MD** **20814** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Custodian of Records** Telephone number **301** - **656** - **8088**

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.

BB&T

Mailing Address

1909 K St., NW

Washington DC 20006 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**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 ]

REPUBLICAN PARTY OF MINNESOTA

Mailing Address

525 PARK STREET		
SUITE 250		
ST PAUL	MN	55103

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Jnt Cmte Participant

Type of Connected Organization:

- |                                                  |                                                        |                                             |
|--------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Corporation  | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone number  -  -