RECEIVED FEC MAIL CENTER

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FEC FORM 1

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STATEMENT OF ORGANIZATION

_ F	- OKIVI I			(See instruction	ons)			o	office use only		
1.	NAME OF COMMITTEE (I	n full)		(Check if name is changed)	Exar	nple: If typying, type the lines	12FE	4M5			
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NOT	E: Submission of fa	alse, erroneo		•	-	person signing this State	-		2 U.S.C. §4:	37g.	
	Office Use Only					For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		<u>-</u>	FEC F		-

	FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE OF CO	MMITTEE (Check One)	
	Candidate C	ommittee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate inform	nation below.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign cominformation below.)	mittee. (Complete the candidate
	Name of Candidate		
	Candidate Party Affiliat	Office Sought: House Senate	State President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
	Name of Candidate		
	Party Comn		
	(d)	This committee is a (Or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ac	ion 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
		In addition, this committee is a Lobbyist/Registrant PAC.	_
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	Ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed	
	(h) X	This committee collects contributions, pays fundraising expenses and disburses necommittees/organizations, none of which is an authorized committee of a federal ca	
	Con	mittees Participating in Joint Fundraiser	
		1. REPUBLICAN PARTY OF ARKANSAS 1. FEC ID number	C C00084954
		2. CALIFORNIA REPUBLICAN PARTY/V8 FEC ID number	C C00140590
		3. COLORADO REPUBLICAN FEDERAL CAMPAIGN COMMITTEE	C C00033134
		4. REPUBLICAN STATE COMMITTEE OF DELAWARES ID number	C C00172510

FEC Form 1 (Rev	sed 02/2009)				Page3
Write or Type Committee				<u></u>	
TARGET STATE V	CTORY FUND				
6. Name of Any Connec	ed Organization, Affilia	ated Committee, Joint	Fundraising Repres	entative, or Lead	ership PAC Sponsor
NONE	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u> </u>	<u> </u>
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Mailing Address		28 S. Washington St uite 115			
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Title or Position ♥		CITY A		STATEA	ZIP CODE A
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FEC Form 1 (Revised	1 02/2009)		Page 4
Full Name of Designated Agent	Lisa R. Lisker		
Mailing Address	228 S. Washington Str	eet	
	Suite 115		
	Alexandria	VA	22314
Title or Position♥	CITY A	STATE A	ZIP CODE A
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FEC Form 1 (Revised 02/2009)

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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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Fとんじり 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):