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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.

12 FB4M5

CIRESI FOR SENATE

ADDRESS (number and street)

P. O. Box 4307



(Check if address
is changed)

St. Paul

MN

55104

CITY *

STATE *

ZIP CODE *

COMMITTEE'S E-MAIL ADDRESS

ciresiforsenate@mikeciresiforsenate.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ciresiforsenate.org

COMMITTEE'S FAX NUMBER

651-698-3965

2. DATE

04 13 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

John P. Eisberg

Signature of Treasurer

Date

04 13 2007

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: 202-696-1100

FEC FORM 1
(Revised 02/2003)

#BXNDZ707

2702016303A

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 Michael V. Ghera

Candidate Party Affiliation DEL Office Sought: House Senate President State DE District 1

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

27020163035

Write or Type Committee Name

Cinesi For Senate

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 KERRY M. GREELER

Mailing Address P.O. Box 4307

St. Paul MN 55104

Title or Position

CITY

STATE

ZIP CODE

Staff Director

Telephone number 651-695-8888

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 JOHN F. RISBERG

Mailing Address P.O. Box 4307

St. Paul MN 55104

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 651-695-8888

Full Name of Designated Agent

Jennifer Cinesi

Mailing Address P.O. Box 4307

St. Paul MN 55104

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number 651-695-8888

27020163036

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.

U S Bank

Mailing Address

P. O. Box 59378

MINNEAPOLIS MN 55459

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27020163037

Michael V. Ciresi
P. O. Box 4307
St. Paul, MN 55104

RECEIVED
FEC MAIL CENTER

2007 MAY -2 AM 7: 54

SECRETARY OF THE SENATE
MAY 2 2 50 PM '07

CERTIFIED MAIL



7001 0320 0004 4772 6043

Ms. Jennifer Pittman
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Address: 1000 10th St NW

FIRST CLASS



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United States Senate

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