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FEC MAIL CENTER

FEC FORM 1		ORGANIZ			2007 AUG - I	AM 10: 09
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M		
Bireg St	IVIMIBIOI (C	8. Explu	orationy Com	mitte	i <u>el I I I I I</u>	
ADDRESS (number a	nd street)	<u> </u>				
(Check if ac is changed)		D. Boy. 1	1.3.22.0	lKiyl	140.58.31-1	3020
COMMITTEE'S E-MA	AIL ADDRESS	O .	CITY ▲	STATE A	ZIP CODE	∄ ▲
Stumbioil	18 egmai	1.101M		<u> </u>	<u> </u>	
			<u> </u>	<u> </u>	<u> </u>	
COMMITTEE'S WEB	PAGE ADDRESS	(URL)				
WWW. SITIL	101201010101010101010101010101010101010	181.1C101M1 1				
	<u> </u>	<u>i </u>			1 1 1 1 1	
COMMITTEE'S FAX		-Temporary	,			
2. DATE 0.	7 23	2007				
3. FEC IDENTIFIC	CATION NUMBER	▶ C				
4. IS THIS STATE	MENT WIN	EW (N) OR	AMENDED (A)			
I certify that I have e	examined this State	ement and to the be	st of my knowledge and belief it	is true, correc	ct and complete.	
Type or Print Name	of Treasurer	Mary Mai	<u>cen Stumbo</u>			
Signature of Treasure	er Has	y K Kin	n 18	Date 0	2 82 6	300.7
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 c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FOR	

	FEC For	rm 1 (Revised 02/2003)	Page 2
5.		OMMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	ow.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
	Name of Candidate	Birieigi Stumbio	
	Candidate Party Affiliation	on DEM Office House V Senate President	State K.4 I 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) T	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee.	segregated fund or party
6.	Name of Any	y Connected Organization or Affiliated Committee	_
ı	: 1 : 1 1		
i			:
L	<u> </u>		
	Mailing Addre	ess	
		CITY ▲ STATE ▲	ZIP CODE A
	Relationship		
	Type of Conn	nected Organization:	
	Corp	coration Corporation w/o Capital Stock Labor Org	ganization
	Mem	nbership Organization Trade Association Cooperati	i ve
_			
FE3	AN042.PDF		

FEC Form 1 (Revise	od 02/2003)		Page 3
Write or Type Committee Na	ame		
Custodian of Records: I books and records.	dentify by name, address (phone number –	optional) and position of the po	erson in possession of committee
Full Name Birie	Mairy Karren Sit	p. lorgationy	Committee
Mailing Address	Mairiyi Kiairieini Sit	umbo, Triens	wrer
	P. 19. 18014 1/3220	<u>, </u>	
	Levington	LILLY EXLY	40583-3220
Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
Tirleasimirle	·	Telephone number 8	<u>59</u> -230-6054
Treasurer: List the name any designated agent (e.	and address (phone number – optional) of g., assistant treasurer).	the treasurer of the committee	; and the name and address of
Full Name of Treasurer	ry Karren Situmbo V.0.4.9. Palmer C		
Mailing Address	VIDIAI91 Palmer C	<i>t</i>	
	Kilixi/inigitioni I I	LILLI KIY	140EN11-
Title or Position▼	CITY A	STATE ▲	ZIP CODE ▲
Ticlasure		Telephone number	591-12301-19054
Full Name of Designated Agent	y Karren Stumbo		
Mailing Address	VOHA Palmer C	<i>t</i>	<u> </u>
	Kieixy ingitoini 111		4051/11-
Title or Position▼	. CITY ▲	STATE A	ZIP CODE A
Treasure	~		5/21_12.2./31_10.0 E il
<u>IIII EI AISTUITIEI</u>		Telephone number	1591-1 <u>8131</u> 01-10101514
			

ZIP CODE A

9.	Banks or Other Depos safety deposit boxes or		or other depositories in which	ch the committee deposits	funds, holds accounts, rents
	Name of Bank, Deposit	ory, etc.			1
	Tic	vadiitiiagi	al Bank		
	Mailing Address		uniei Bankur		
		1.33,513, 17	Tatles Cree	K Rd	
		,	atoni		401510121-
			CITY A	STATE ▲	ZIP CODE ▲
	Name of Bank, Deposit	ory, etc.			
		<u> </u>		1.411.1	
	Mailing Address		<u> </u>	1	
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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
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PREPARER	DATE PREPARED
(3/2005)	

PAMELA 8. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7118 PHONE: (202) 224-0322

United States Senate

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