FEC	
FORM	1

STATEMENT OF ORGANIZATION

FEC M.	CEI'	CEN	ITE	R	
070			12:		

1018 DEC -1 PM 12: 16

				Office Use Only
1. NAME OF COMMITTEE (in full)	£ (Check if name . is changed)	Example:If typing, type over the lines.	12FE4M5	
	NNESIOT A. R	E.C.O.U.N.TC.O.M	MITTEE	
ADDRESS (number and street)	1.0. BIOX I	4.4.8.3		
::::::::::::::::::::::::::::::::::::::				
is changed)	S.T. P.A.U.L		M N 5	5,1,1,4]-[
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
$C_{1}f_{1}S_{1}O_{1}+a_{1}I_{1}e_{1}n_{1}+a_{1}I_{2}e_{1}n_{1}+a_{2}I_{2}e_{1}n_{2}+a_{2}I_{2}+a_{2}I_$	pay master			
	• • • •			
<u> </u>		∟		
COMMITTEE'S WEB PAGE AL	DDRESS (URL)			
	<u>1_1_1_1_1_1_1_1_1_1_1</u>		iii ii	
COMMITTEE'S FAX NUMBER				
 3 0 - 6 5 4 - 3 2				
2. DATE				
3. FEC IDENTIFICATION N		n yn rei i'r effenn i'r 1990. Hefnin yn yn effenn y Mae fenn yn effenn yn		
4. IS THIS STATEMENT		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 Q. Sutton		
Signature of Treasurer	hog STD_	Date	11 21 2008

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 202-694-1100	FEC FORM 1 (Revised 12/2007)
FE3AN042.PL)F		

FEC Form 1 (Revised 12/2007)

Pa	ge	2

5.			OMMITTEE Committee:					
	(a)	8	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	2000 X.2000 X.2000	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Candi							
	Cand Party	lidate Affiliatio	State State					
	(c)	¢	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand							
	Part	y Com	mittee:					
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
	Polit	tical A	ction Committee (PAC):					
	(e)	i.	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					
	(f)	Second Second	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
,	Joint	t Fund	raising Representative:					
1	(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
((h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	nittees Participating in Joint Fundraiser					
		1.	COLEMAN FOR SENATE OB FECID number COO386458					
		2.	REPUBLICAN PACTY OF MINNESOTA FEC ID number COOOOI313					
		3.						
		4.						
		5.						

. I .

FE3AN042.PDF

Page 3

Write c	or Ty	pe (Committee	Name
---------	-------	------	-----------	------

•

6. Name of Any Connected O	rganization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundralsing Representative
NONE	
Mailing Address	
Beleviseshie	CITY STATE ZIP CODE
Relationship:	Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
Full Name	AJGIN FIINAINCIIAL SEERVIICES
Mailing Address	TISIS WISCONSIIN AVENUE
	$[S_1 u_1 \mathbf{I}_1 \mathbf{E}_1 \cdot \mathbf{E}_1 \cdot \mathbf{E}_1 \cdot \mathbf{E}_1 \mathbf{A}_1 \cdot \mathbf{E}_1 \cdot \mathbf{E}_$
	$\begin{bmatrix} \mathbf{B}_{1}\mathbf{E}_{1}\mathbf{T}_{1}\mathbf{H}_{1}\mathbf{E}_{1}\mathbf{S}_{1}\mathbf{P}_{1}\mathbf{A}_{1} & \mathbf{I}_{1}\mathbf{I}_{1$
	CITY STATE ZIP CODE
	$[0]F_{1} + [E_{1}E_{1}O_{1}B_{1}D_{1}S] $ Telephone number $[3]O_{1}U - [6]S_{1}V - [3]E_{2}E_{2}E_{2}$
. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).
Full Name of Treasurer	$[0, N] Y_{i} = G_{i} = S_{i} U_{i} T_{i} T_{i} O_{i} N_{i} = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$
	$5_{12_{1}5_{1}}P_{i}A_{i}R_{i}K_{i}$, $S_{1}T_{i}R_{i}R_{i}R_{i}$, $S_{1}T_{i}R_{i}R_{i}R_{i}$, $C_{1}R_{i}R_{i}R_{i}$, $C_{1}R_{i}R_{i}R_{i}$, $C_{1}R_{i}R_{i}R_{i}R_{i}$, $C_{1}R_{i}R_{i}R_{i}R_{i}$, $C_{1}R_{i}R_{i}R_{i}R_{i}R_{i}R_{i}$, $C_{1}R_{i}R_{i}R_{i}R_{i}R_{i}R_{i}R_{i}R_{i$
Mailing Address	$ \mathbf{S}_1 \mathbf{A}_1 \mathbf{I}_1 \mathbf{T}_1 \mathbf{E}_1 \mathbf{A}_1 \mathbf{S}_1 \mathbf{O}_1 \mathbf{A}_1 \mathbf{A}_1$
	String PiAiWiLi Image: String MiN String String Image: String
Title or Position \cdot Title $E_1 A_1 S_1 W_1 E_1 E_1 R_1$	Telephone number 6.5.1 - 5.5.4 - 1.1.1.1
E3AN042.PDF	

;

Pac	1e	4

Full Name of Designated Agent	CANPAIGN FINANCIAL SERV	I'C'E'S'	<u> </u>
Mailing Address	73115 WIISICON SISN AVEN	U : E	<u>, , , , , , , , , , , , , , , , , , , </u>
	SINITE: SILO EAST.		
	BETHESDA	MD	20.814-
	CITY	STATE	ZIP CODE
Title or Position			
DESISI	N N T E D A G E N T H	mber 5 0;1	- 6 5 4 - 5 2 2 0

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.

ī

<u> </u>	NACHONIA BANK	IN.A.	<u> </u>	<u></u>
Mailing Address	7901 WISCONS	IN AVEN		<u></u>
		<u>iii</u>	<u>_i_i</u>	
	BETHESDA		MD	2.0.8.1.4-3.6.1.9
	CITY		STATE	ZIP CODE
Name of Bank, Deposit	ry, etc.			
			<u>. </u>	<u></u>
Mailing Address				
			<u>. 1 i l l</u>	<u> </u>
		<u> </u>		
	CITY		STATE	ZIP CODE



November 26, 2008

I acknowledge receipt and acceptance of this package on behalf of the Federal Election Commission Electronic Filing Department.

Print Name:

Signature:

5

93106

თ M

280

Please return signed document via facsimile to Campaign Financial Services.

Fax: (301) 654-3222

Phone: (301) 654-3220



Hand Delivered	Date of Receipt
	12/1/08 Postmarked
	Postmarked
USPS First Class Mail	
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirmation [™] Label	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	
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
Date of Rec	eipt or Postmarked
W	12/1/28
PREPARER (3/2005)	DATE PREPARED

ļ

•