

SECRETARY OF THE SENATE
09 FEB -3 AM 10:48

Date: Friday, January 30, 2009
To: Office of Public Records
From: Barkley for Senate Campaign, FEC ID# C00453241
Subject: **Amended FEC Form 3 Reports and Amended FEC Form 1**

Enclosed, you will find the following amended FEC Form 3 Reports for the Barkley for Senate Campaign, FEC ID# C00453241:

- October Quarterly for the period 08-21-2008 to 09-30-2008.
- Pre-General for the period 10-01-2008 to 10-15-2008.
- Post-General for the period 10-16-2008 to 11-24-2008.

The amendments made to the October Quarterly cascade to the Pre-General and Post-General reports.

Please process these amended FEC Form 3 reports, prior to processing the Year-End report which is being sent under separate cover and one calendar later (January 31, 2009).

In addition, you will find an amended FEC Form 1. The amendment reflects the inclusion of the Barkley for Senate Campaign Treasurer's e-Mail (not previously included on the original FEC Form 1).

If you have any questions regarding these amended reports and/or forms, please feel free to contact me:

Charles E. MacArthur, Jr.
Treasurer, Barkley for Senate Campaign
2610 Parkview Boulevard
Robbinsdale, MN 55422
Telephone: 763-522-0960
E-Mail: cemarthurjr@aol.com

Thank you for your assistance in processing these amended reports.

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
09 FEB -3 AM 10:48

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

BARKLEY FOR SENATE

ADDRESS (number and street)

2610 PARKVIEW BOULEVARD

(Check if address is changed)

ROBBINSDALE

MN

55422

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CEMACARTHURJR @ AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SENATORBARKLEY.COM

COMMITTEE'S FAX NUMBER

- -

2. DATE

07 / 16 / 2008

3. FEC IDENTIFICATION NUMBER

C004532+1

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

CHARLES E. MACARTHUR, JR.

Signature of Treasurer

Charles E. MacArthur Jr.

Date

01 / 28 / 2009

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)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 IND Office Sought: House Senate President State MN District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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
- (f) 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 Fundraising Representative:

- (g) 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____
5.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

CHARLES E. MACARTHUR, JR.

Mailing Address

2610 PARKVIEW BLVD.

ROBBINSDALE

MN

55422

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

612-419-9753

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

CHARLES E. MACARTHUR, JR.

Mailing Address

2610 PARKVIEW BLVD.

ROBBINSDALE

MN

55422

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

612-419-9753

29020081075

Full Name of Designated Agent

LARA L. FORSTROM

Mailing Address

1490 VAN BUREN AVE.

ST. PAUL

CITY

MN

STATE

55104

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

651-647-5016

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.

WELLS FARGO

Mailing Address

11011 FIRST STREET SOUTH

HOPKINS

CITY

MN

STATE

55343

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

PRESS
IL
MAIL SERVICE

Mailing Envelope
For Domestic and International Use



U.S. POSTAGE
PAID
ROBERTS, MN
JAN 30 2009
0000
00036908-27

URGENT
X-RAYED
Please Rush to Addressee
IN THE SENATE
POST OFFICE



EH671462427US

EH671462427US

IN (POSTAL SERVICE USE ONLY)

Code	Day of Delivery	Postage
4222	X Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd PM Day	\$26.55
30-09	Scheduled Date of Delivery Month Day 1-31-09	Return Receipt Fee
Accepted	Scheduled Time of Delivery	COD Fee
<input type="checkbox"/> AM	None <input type="checkbox"/> 3 PM	Insurance Fee
27 20 PM	Military <input type="checkbox"/> Non	Total Postage & Fees
<input type="checkbox"/> or Weight	2nd Day <input type="checkbox"/> 3rd Day	\$26.55
lbs. 8 ozs.	Intl Alpha Country Code	Acceptance Emp. Initials

1: (PLEASE PRINT) PHONE



Mailing Label
Label 1-B, March 2004

Post Office To Addressee

UNITED STATES POSTAL SERVICE®
DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

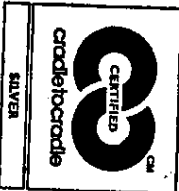
WAIVER OF SIGNATURE (Domestic Mail Only)
Customer requests waiver of signature. Use if
address is on file and delivery is to a business.
I wish delivery to be made without obtaining signature
of addressee or addressee's agent (if delivery employee
judges that article can be left in secure location) and I
will provide proof of delivery.
Employee Signature: [Signature]

NO DELIVERY **Weekend** **Holiday**
Mailing Signature

TO: (PLEASE PRINT) PHONE

ATTENTION-DELIVERY PERSONNEL
SENDER HAS WAIVED SIGNATURE
REQUIREMENT
PLEASE DELIVER PER DAM 4500.4.3
EXPRESS MAIL

When used internationally
affix customs declarations
(PS Form 2976, or 976A).



Cradle to Cradle Certification is awarded
to products that pursue an innovative
vision of ecologically-intelligent design that
eliminates the concept of waste.
This USPS® packaging has been Certified® to 07062
for its material content.

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 01-30-09 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 02-03-09

29020031078

29020081079

