FEC FORM 1

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STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

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Office use only

1.	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typyir over the lines	ng, type 12FE4M5		
L	ILLINOIS VICTORY CO	MMITTEE	111111	<u> </u>		
L				· 	ليبيا بالسياية	
AD	DRESS (number and street)	PO BOX 365		 		
	(Check if address is changed)	MCLEAN		<u> </u>	22101 -	
			CITY	STATE	ZIP CODE	
co	MMITTEE'S E-MAIL ADDRE	SS (Please provide only on	e e-mail address)			
П	(Check if address	melodie@complia	nceconsultingva.cor	n 		
L	is changed)					
-00	MANUTTEE(0 M/ED DAOE AD	ND DEGG (UDI.)				
	COMMITTEE'S WEB PAGE ADDRESS (URL)					
	(Check if address is changed)	<u> </u>				
2.	DATE M M / D 1	1 9 / Y 2 0 0 9 Y				
3. FEC IDENTIFICATION NUMBER C						
_	IS THIS STATEMENT	7			•	
4.	IS THIS STATEMENT	NEW (N) OR	L AMENI	DED (A)		
Loe	rtify that I have examined this St	tatement and to the best of my	cowledge and belief it is tru	ue correct and complete		
Туј	oe or Print Name of Treasure	CABELL HOBI	BS		· · · · · · · · · · · · · · · · · · ·	
Sig	nature of Treasurer	Colul Julis		Date 0.8	7.9 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.						
	-	•		EPORTED WITHIN 10 DAYS		
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C

FEC ID number

This committee is a principal campaign committee. (Complete the candidate information below.)

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TYPE OF COMMITTEE (Check One)

Candidate Committee:

(a)

Page 3

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Write or Type Committee Name

Page 4

FEC Form 1 (Revised 02/2009)

PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

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