Please accept as the F1 for the Murkowski Victory Committee. Thuk You

FEC MAIL CENTER 2009 SEP 18 AM 11: 22

## STATEMENT OF

FEC		'IAILINL			1
FORM 1	C	RGANIZA	ATION		
1 Orivi 1		(See instructio	ons)	1	Office use only
NAME OF COMMITTEE (in f	ull)	(Check if name is changed)	Example: If typying, type over the lines	12FĘ4M5	
MURKOWSKI	/ІСТОЯЧ СОММ	ITTEE	<del> </del>		
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ADDRESS (number and s	(reet) POE	3OX 365	<del></del>	للبلبل	لتستنسب
(Check if address is changed)	L <u>-</u>  L <u> </u>   <b>MCL</b>	FAN	<del> </del>		22101   _
	<u> </u>		CITY.	STATE	ZIP CODE 🛦
COMMITTEE'S E-MAII	. ADDRESS (Please	provide only one e	-mail:address)		
(Check if address	melo	die@complianc	econsultingva.com	<del>.                                      </del>	
is changed)	لب		<del> </del>		
COMMITTEE'S WEB F	PAGE ADDRESS (U	RL)			
(Check if address is changed)	NON				
	لب	<del></del>		4444	لتتتتلك
2. DATE M M M M O 9	' 15 ' Y	2,0.0 9, Y	c		
4. IS THIS STATEM			: : AMENDED (A)		
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Certify that I have examin	ned this Statement and	I to the best of my kno	wledge and belief it is true, correc	t and complete	
Type or Print Name of	Treasurer	CABELL NOBBS			
Signature of Treasurer	( MH	Ti Par		Date 0	15 2009
NOTE: Submission of fals		•	subject the person signing this S	•	• •
Office Use Only			For further information Federal Election Communication Toll Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)

	1201	Offil 1 (Hevised 02/2003)				raye z
5.	TYPE OF CO	OMMITTEE (Check One)				
	(a)	This committee is a principal campaign of	ommittee. (Comple	te the candidate inform	nation below.)	
	(b)	This committee is an authorized committee information below.)	ee, and is NOT a pr	incipal campaign com	mittee. (Complete t	ne candidate
	Name of Candidate	l	<u>.                                    </u>	ــــــــــــــــــــــــــــــــــــــ	L	. لــــــــــــــــــــــــــــــــــــ
	Candidate	Office				State
	Party Affiliati	<del>-</del>	House	Senate	President	District
	(c)	This committee supports/opposes only on	e candidate, and is	NOT an authorized co	ommittee.	
	Name of Candidate	ا ا	│ └-! <del> </del>	L <u>                                    </u>		<u> </u>
_	Party Comm	ittee:				
	(d)	This committee is a	(National, State (or subordinate) o	committee of the		emocratic, epublican,etc.) Party.
	Political Act	on Committee (PAC):	. — — — —			
	(e)	This committee is a separate segregated	fund. (Identify conne	ected organization on	ine 6.) Its connecte	d organization is a:
		Corporation	Corporation v	w/o Capital Stock	Labor	Organization
		Membership Organization	Trade Assoc	iation	Соор	erative
	<i>(</i> 1)	In addition, this committee is a	Lobbyist/Registrant	PAC.		
	(f)	This committee supports/opposes more the committee, (i.e., penconnected committee)		didate, and is NOT a s	separate segregated	fund or party
		In addition, this committee is a Lobby	/ist/Registrant PAC.	ı		
		In addition, this committee is a Leade	ership PAC. (Identify	y sponsor on line 6.)		
	Joint Fundra	sing Representative:				
	(g) X	This committee collects contributions, pays committees/organizations, at least one of w				more political
	(h)	This committee collects contributions, pays committees/organizations, none of which is	fundraising expens an authorized com	ses and disburses net mittee of a federal car	proceeds for two or ididate.	more political
	Com	nittees Participating in Joint Fundraiser  LISA MURKOWSKI FOR US S	ENATE	FEC ID number	C C0038452	9
		2. NATIONAL REPUBLICAN SEI	NATORIAL COM	MITTEE FEC ID number	C C00027466	3.
		3.		FEC ID number	I <b>C</b>	
		<b>a l</b>	j	FEC ID number	C	a transmit

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	Joint Fundraising Representative, or Lea	adership PAC Sponsor
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<del>Landard Landard Control</del>	<del> </del>	المنا-المنا
CITYA	STATE A	ZIP CODE
	i	
Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
PO BOX 365	  i_	
	<del> </del>	<del></del>
MCLEAN	VA	22101 _
MCLEAN CITY A NT TREASURER	STATE A Telephone number	ZIP CODE A
CITY A NT TREASURER and address (phone number designated agent (e.g., assist	STATE A  Telephone number  optional) of the treasurer of the comm	ZIP CODE A
CITY A NT TREASURER and address (phone number	STATE A  Telephone number  optional) of the treasurer of the comm	ZIP CODE A
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AT TREASURER  and address (phone number designated agent (e.g., assistant)  LL HOBBS  PO BOX 365	Telephone number  optional) of the treasurer of the commant treasurer).	zip code A
	rganization, Affiliated Committee,  CITYA  Affiliated Committee  entify by name, address, (phone books and records.  DIE JOHNSON	rganization, Affiliated Committee, Joint Fundraising Representative, or Leading Affiliated Committee  CITYA  STATE A  Affiliated Committee  Joint Fundraising Representative  entify by name, address, (phone number optional), and position of the books and records.  DIE JOHNSON

FEC Form 1 (	(Revised 02	/2009)		<u> </u>	· <del></del>				Pag	e 4
Full Name of Designated Agent	_	MELO	DIE JOHI	NSON	       	·				
Mailing Address	_		РО В	OX 365	<u> </u> 					
	-		MCLE	AN			VA		22101 – _	
Title or Position ¥				CITY A			STATE A		ZIP CODE	A
AS	SISTANT	TREASU	JRER	<del></del>	Tel	ephone nun	mber			
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safety deposit boxe: Name of Bank, Dep  Mailing Address  Name of Bank, Dep	s or maintai	300 SC	OUTH W.	ASHINGTON  CITY	STREET		VA STATE A	-	22314   - ZIP CODE	· 

(3/2005)

## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): -- Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED