

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

05 MAY 18 PM 1:18

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Centrist Senate Victory Fund

ADDRESS (number and street)

120 Maryland Avenue NE

(Check if address is changed)

Washington

DC

20002

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

2. DATE 05 04 2005

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Don Schiranski

Signature of Treasurer Donald P Schiranski

Date 05 09 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9630 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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	Office				State
Party Affiliation	Sought:	House	Senate	President	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) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NELSON 2008

Mailing Address P O BOX 8666

OMAHA NE 68103

CITY STATE ZIP CODE

Relationship Joint Fundraising Participant

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

Centrist Senate Victory Fund

- 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 Don Schimanski

Mailing Address 120 Maryland Avenue NE

Washington DC 20002

Title or Position Treasurer CITY STATE ZIP CODE

Don Schimanski Telephone number 202 - 546 - 8100

- 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 Don Schimanski

Mailing Address 120 Maryland Avenue NE

Washington DC 20002

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 202 - 546 - 8100

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

B. **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.

Bank of America

Mailing Address

730 18th Street NW

Washington

DC

20005

CITY

STATE

ZIP CODE

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.

[ADDITIONAL]

Mailing Address

CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

CARPER FOR SENATE

Mailing Address

19 EAST COMMONS BLVD SECOND FLOOR

NEW CASTLE

DE

19720

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Joint Fundraising Participant**

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

25020213170

Rat Burn
174
VA 22151

CERTIFIED MAIL



7004 1160 0003 6411 5450

FIRST CLASS

RETURN RECEIPT
REQUESTED

81
MAY 18 2008

Senate Public Records Office
P.O. Box 5109
Alexandria, VA 22301

U.S. POSTAGE
PAID
SPRINGFIELD, VA
BY FIRST CLASS PERMIT NO. 100
ARLINGTON

\$4.65

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SECRETARY OF THE SENATE
MAY 18 4 18 PM '08

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

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

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 05-14-05
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USPS EXPRESS MAIL _____
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

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Date of Receipt

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PREPARER RD DATE PREPARED 05-18-05

