FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

Office Use Only

NAME OF COMMITTEE (in full)	(Check if is change		mple:If typing, type the lines.	12FE4M5	•
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COMMITTEE'S WEB PAGE AD	DRESS (URL)				
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2. DATE 0 1 0 0 3. 3. FEC IDENTIFICATION N	UMBER	<u>0</u> ;	6 0 1 3 9		
4. IS THIS STATEMENT	NEW (N)	OR 💃	AMENDED (A)		
Type or Print Name of Treasure Signature of Treasurer NOTE: Submission of false, error	Sysan Swan M neous, or incomplete	Best	sette te	Date O. I	il solo
Office			For further information	contact:	FEC FORM 1
Use			Federal Election Commis Toll Free 800-424-9530	osioil	(Revised 02/2009)

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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 REP Sought: House State CT Sought: Senate President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(Mational, State (Democratic, or subordinate) committee of the 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
In addition, this committee is a Lobbyist/Registrant PAC.
(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 Lobbyist/Registrant PAC.
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
In the state of th
2.
3. FEC ID number C
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6	Name of Any Connected Organization	Affiliated Committee
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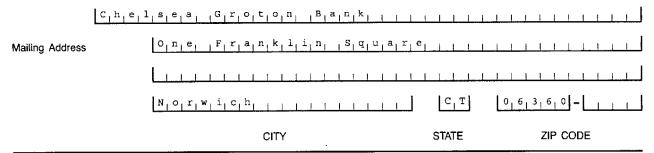
Write or Type Committee Name Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |S | e | n | a | t | e | | V | i | c | t | o | r | y | | C | o | m | m | i | t | t | e | e | S t r e Mailing Address ZIP CODE CITY Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Full Name Mailing Address $T_1 a_1 m_1 p_1 a_1$ ZIP CODE Title or Position CITY STATE $D_i e_i s_i i_i g_i n_i a_i t_i e_i d_i$ Telephone number 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 Mailing Address STATE ZIP CODE CITY

Title or Position 8 6 0 - 5 9 9 - 4 3 0 1

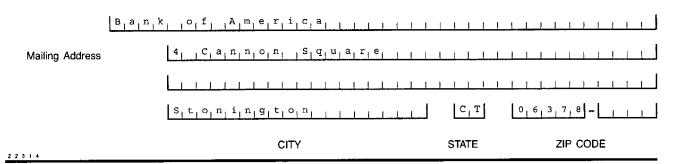
Full Name of Designated Agent	S,u,s,a,n, ,B,e,s,s,e,t,t,e, , , , , , , , , , , , , , , ,	1 1 1 1	1 1		1 1	l l	<u>!!</u>	
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	CITY	STATE			ZIP CC	DE		
Title or Position								
A s s i s	t a n t T r e a s u r e r Telephone r	number [8 6	0 - 5	9 9	_ <u>3</u> _	4 3	2

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.



Name of Bank, Depository, etc.



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United States Senate

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