FEC FORM 1	STATEM ORGANIZ (See instru	ZATION	08 H	FARY OF THE SENATE AY 16 PM12:07
1. NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Senate Majorit	reet)			
COMMITTEE'S E-MAI				
	AGE ADDRESS (URL)			
None				
2. DATE M. M. M. O.2	UMBER			
3. FEC IDENTIFICA		: C (· ··	
4. IS THIS STATEM		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

Fran Katz Watson Type or Print Name of Treasurer 4 27 2008 Date Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)	
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5. TYPE OF COMMITTEE (Check One)

(a)	This committee is a princi	pal campaign committee. (Co	mplete the candidate info	ormation below.)	
(b)	This committee is an auth information below.)	orized committee, and is NOT	a principal campaign co	ommittee. (Complete	the candidate
Name of Candidate					<u> </u>
Candidate Party Affiliatio	n	Office Sought: House	Senate	President	State
(c)	This committee supports/o	pposes only one candidate, a	nd is NOT an authorized	committee.	
Name of Candidate					
(d)	This committee is a	(National, Si (or subordin	ate ate) committee of the		Democratic, Republican,etc.) Party.
(e)	This committee is a separa	ate segregated fund			
(f) X	This committee supports/o committee.	pposes more than one Federa	al candidate, and is NOT	a separate segregat	ed fund or party
	Connected Organization	_	.↓ .↓ .↓ .↓ .↓		
Mailing Addre		607 14TH STREET N			<u> </u>
					<u> </u>
		WASHINGTON			20005
		CITY	S	STATE 👗	
Relationship	Jt Fundraisin	g Participant			
Type of Conr	ected Organization:				
Согр	oration	Corporation w/o (Capital Stock	Labor Organiz	ation
	bership Organization	Trade Association		Cooperative	

	Revised 02/2003)			Page 3
rite or Type Committ Senate Majority				
Custodian of Reco		name, address, (phone number nd records.	optional), and position of th	e person in
Full Name	Whitney Burns	, 		<u></u>
Mailing Address		P.O. Box 1174		
		Springfield	VA	22151 _
Title or Position ♥			STATE	ZIP CODE 🛦
A :	ssistant Treasur	er	Telephone number	_ = =
Treasurer: List ti name and addre	ne name and add ss of any designa	ress (phone number optional) ted agent (e.g., assistant treasur	of the treasurer of the commit er).	ttee; and the
Full Name of Treasurer	Fran Katz Wats	son		
Mailing Address		P.O. Box 1174		
		% Whitney Burns		
		Springfield	VA	22151 _
Title or Position ♥			STATEA	ZIP CODE 🛦
TI	easurer		Telephone number	
Full Name of Designated Agent	Whitney Burns			
Agent _		P.O. Box 1174		
Mailing Address				
		Springfield		22151
		Springfield CITY A	VA State a	22151
Mailing Address Title or Position ♥		CITY		

9.	Banks or Other Depositorles:	List all banks or other depositories in which the committee deposits funds, holds accounts, rents
	safety deposit boxes or maintains t	lunds.
	Name of Bank, Depository, etc.	

	Bank of America		
Mailing Address	730 15th Street NW		
	Washington		_ 20005 []
		STATE A	ZIP CODE 🔺
Name of Bank, D	epository, etc.		
		<u></u>	
Mailing Address			
		<u> </u>	
	CITY 🗖	· STATE A	ZIP CODE 🔺

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Name of Bank, Depositor	y, etc.		[ADDITIONAL]
Mailing Address		+	<u> </u>
	CITY	▲ STATE	
Name of Any Connecte	d Organization or Affiliated Comm	nittee	[ADDITIONAL]
		nittee	
FRIENDS OF MARK	WARNER	<u> </u>	
FRIENDS OF MARK		<u> </u>	
FRIENDS OF MARK	WARNER	<u> </u>	ADDITIONAL]
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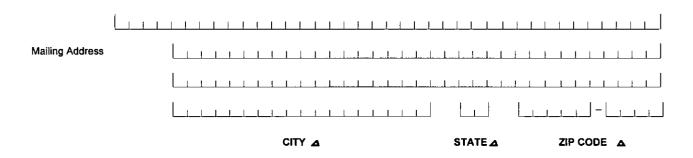
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Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ♥	CITY A	
	T ₁	elephone number

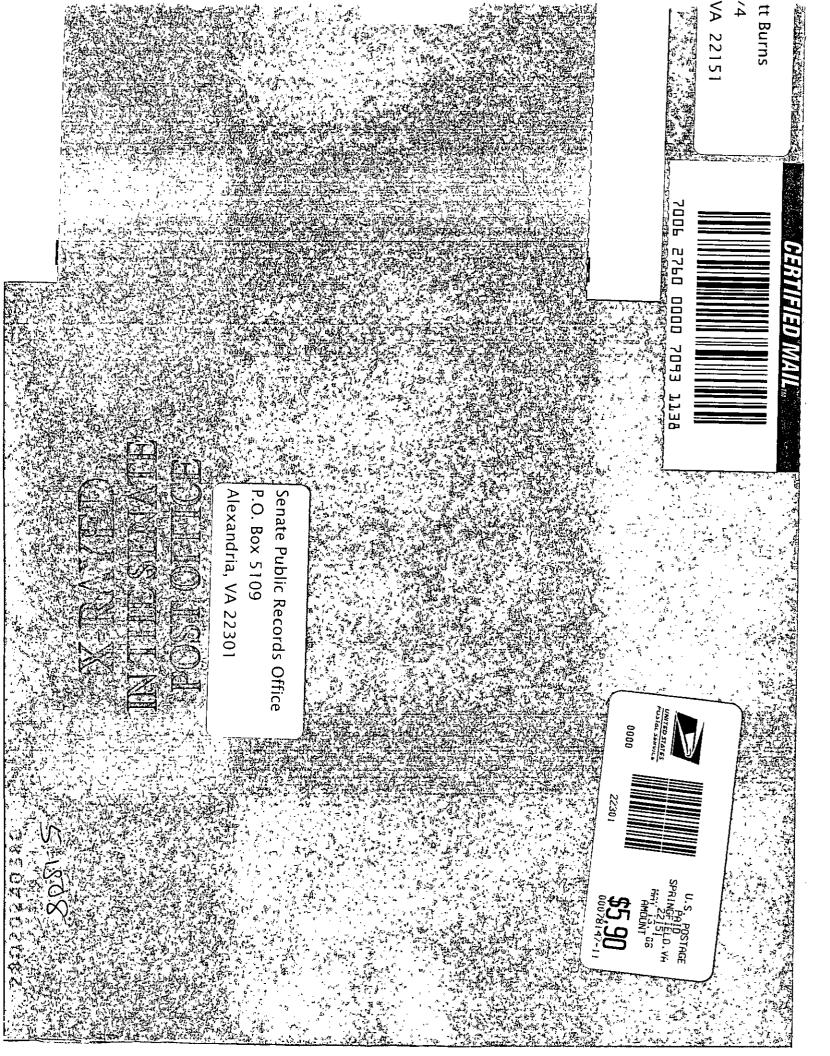
 Banks or Other Depositories:
 List all banks or other depositories in which the committee deposits funds, holds accounts, rents

 safety deposit boxes or maintains funds.
 [ADDITIONAL]



Name of Any Connected Or	ganization or Affiliated Committee	[ADD	ITIONAL]
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	* • • • • • • • • • • • • • • • • • • •		
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	PO BOX 200596		
		NJ [0710	
	СІТУ	STATE 👗 🛛 💈	IP CODE 🔺
Relationship	draising Participant		
Type of Connected Organizat	ion:		
Corporation	Corporation w/o Capital Stock	Labor Organizati	on
Membership Organiz	ration Trade Association	Cooperative	

Designated Agent		I	[ADDITIONAL]
Full Name			<u> </u>
Title or Position ♥	CITY A		
	Tel	ephone number	



NANCY ERICKSON SECRETARY

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PAMELA B. GAVIN SUPERINTENDENT

Hart Senate Office Building Suite 232 Washington, DC 20510-7118 Phone: (202) 224-0322

Hnited	States	Senate
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OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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