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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instr		Office use only
1. NAME OF COMMITTEE (in	full) (Check if nam is changed)	e Example: If typying, type over the lines	12FE4M5
COLECOMBI	NED COMMITTEE, , , , ,		
1			
	12176 CHANCEF	Y STATION CIRCLE	
ADDRESS (number and	street)		
(Check if add			
is changed)	RESTON		VA 20190 – 1111
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			,
CCK1575@UOI.			
ш			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX	NUMBER		
با لبنا	للسا لل		
2. DATE M	D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00438481	
4. IS THIS STATEM	MENT X NEW (N) C	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of m	y knowledge and belief it is true, correct	and complete
Time on Drint Name of	Treasurer Mr. Clinton E	- Kev	
Type or Print Name of	reasurer	· Noy	
Signature of Treasure	r Electronically Filed by Mr. Cl	inton E Key	Date 10 / 16 / Y Y Y Y Y
NOTE: Submission of fa	·	n may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office		For further information	on contact:
Use Only		Federal Election Comn Toll Free 800-424-953	

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5.	TYPE OF COM	MITTEE (Check One)	
		This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the	e candidate
	(-)	information below.)	
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
		Connected Organization or Affiliated Committee	
	Mailing Address	12176 Chancery Station Circle	
	Mailing Address		
			20190 _
		CITY▲ STATE ▲	ZIP CODE 🛦
	Relationship	JNT FUND PARTICIPANT	
	Type of Connec	cted Organization:	
	Corpora	ation Corporation w/o Capital Stock Labor Organiz	ration
	X Membe	ership Organization Trade Association Cooperative	

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Write or Type Committee Name						
COLE COMBINED COMMITTE	iΕ					
 Custodian of Records: Identify by possession of Committee books 		nber optional), and position o	f the person in			
Full Name Mr. Clinton E	nton E Key					
Mailing Address	12176 Chancery Station Circle					
	Reston		20190			
Title or Position ▼	CITY A	STATE	ZIP CODE A			
Treasurer		Telephone number				
3. Treasurer: List the name and ad name and address of any design	Idress (phone number optionated agent (e.g., assistant tre	nal) of the treasurer of the comasurer).	mittee; and the			
Full Name of Treasurer Mr. Clinton E	Key					
Mailing Address	12176 Chancery Stati	on Circle				
	Reston		20190			
Title or Position ♥	CITY A	STATE	ZIP CODE A			
Treasurer		Telephone number				
Full Name of Designated Agent						
Mailing Address						
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A			

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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.		
	BB & T Mailing Address	1490 North Point Village Center	
		Reston VA 2019	94 _ _

STATE △

ZIP CODE △

CITY 🛆

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Banks or Other Depositor safety deposit boxes or mai		other depositories in which the comm		
Name of Bank, Depository,	etc.			[ADDITIONAL]
Mailing Address				
				-
		CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connected	Organization or Affilia	ited Committee		[ADDITIONAL]
COLE FOR CONGRES	S\$, , , , , ,			
Mailing Address	P.O. Box 722	256		
	Norman		ΟΚ	73070
		CITY ▲	STATE ≜	ZIP CODE A
			OTATE	211 0052 🙇
Relationship	FUND PARTICIPAN	VT		
Type of Connected Organi	zation:			
Type of Confidence Organi	<u> </u>			
Corporation		Corporation w/o Capital Stock	Labor Or	ganization
X Membership Orga	anization	Trade Association	Cooperat	ive

Designated Agent		[ADDITIONAL]		
Full Name				
Title or Position ♥	CITY A	STATE A	ZIP CODE A	

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Banks or Other Depositories safety deposit boxes or mainta		ther depositories in which the committe		
Name of Bank, Depository, etc	i.		L	ADDITIONAL]
ı				1
Mailing Address				
				-
		CITY 🛦	STATE △	ZIP CODE 🛆
Name of Any Connected Or	ganization or Affiliate	ed Committee	r	ADDITIONAL]
			L	ADDITIONAL J
NATIONAL REPUBLICA	N CONGRESSION	AL COMMITTEE		
Mailing Address	320 FIRST STR	:EET		
Mailing Address				
	WASHINGTON		DC	20003
		CITY	STATE A	ZIP CODE
. INT FI	UND PARTICIPANT	-		,
Relationship	OILD I AITHOF AITH			
Type of Connected Organizat	ion:			
Corporation		Corporation w/o Capital Stock	Labor Orga	nization
X Membership Organiz				

Designated Agent		[ADDITIONAL]
Full Name		
Mailing Address		
Title or Position ▼	CITY A	STATE A ZIP CODE A
	Te	elephone number = =