FEC FORM 1		STATEMENT OF ORGANIZATION 5 CRETARY OF THE S ORGANIZATION 08 HAY 19 PM 12 Office Use C										
1. NAME OF COMMITTEE (ir	n full)	ے (Check if name نے is changed)	Example:If typing, type over the lines.	12FE4M5								
Senate Major	ity 2008			<u>]]]][]</u>								
		I. I. I. I. I. I. I. I.			•							
ADDRESS (number a	nd street)	120 <sub> </sub> Maryland <sub> </sub> Av	e NE									
(Check if a		Washington	<u> </u>	DC DC 2	<u>, , , , , , , , , , , , , , , , , , , </u>							
			CITY	STATE	ZIP CODE							
COMMITTEE'S E-MA												
				1								
COMMITTEE'S WEB	PAGE ADDR	ESS (URL)										
		<u>,                                      </u>		4								
					<u></u>							
COMMITTEE'S FAX	NUMBER	_]										
2. DATE	16	2008										
3. FEC IDENTIFIC	CATION NUM	BER										
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)	)								
I certify that I have a	examined this	Statement and to the bes	st of my knowledge and belie	ef it is true. correct a	nd complete.							

Type or Print Name of Treasurer	Thomas Lópach		
Signature of Treasurer		Date	05. 16, 2008.

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office		For further information contact:	FEC FORM 1	
1	Use		Federal Election Commission Toll Free 800-424-9530	(Revised 12/2007)	
	Only		Local 202-694-1100	(Nevised 12/2007)	

FE3AN042.PDF

.

١

\$

FEC Form 1 (Revised 12/2007)

.

5.	TYPE	OFC	OMMITTEE
	Can	didate	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 Candi		
	Candi Party	idate Affiliatio	on Office State State State District
	(c)		. This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	v Com	imittee:
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	$\square$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(6)	<u>1</u>	Corporation Corporation Corporation w/o Capital Stock
			Membership Organization
	(f)	Ę	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 Leadership PAC. (Identify sponsor on line 6.)
-	Joint	Fund	raising Representative:
	(g)	X.]	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.
ł	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.
		Com	mittees Participating in Joint Fundraiser
		1.	Democratic Senatorial Campaign Committee FEC ID number C00042366
		2.	Musgrove for US Senate FEC ID number C 00444018
		3.	
		4.	
		5.	
1			•

.

۱

FEC Form 1 (Revised 12/2007)

Page 3

Write or Type	Committee	Name
---------------	-----------	------

## Senate Majority 2008

		· · · · · · · · · · · · · · · · · · ·	
Mailing Address			
Relationship:		, _	
Connected Organization	Affiliated Committee	lership PAC Sponsor	oint Fundraising Representative
books and records.	ntify by name, address (phone number o	optional) and position of the	person in possession of committe
books and records.	Lopach		<u></u>
books and records.			<u></u>
books and records. Thomas Full Name	Lopach		<u></u>
books and records. Full Name	Lopach		
books and records. Thomas Full Name	Lopach 120 Maryland Ave., NE Line Line Line Line Line Line Line Line		20002 <u>- 1</u> - <u>1</u> - <u>1</u> - <u>1</u>
books and records. Full Name Mailing Address Title or Position Treasurer	Lopach 120 Maryland Ave., NE Washington City d address (phone number optional) of the	· · · · · · · · · · · · · · · · · · ·	$\frac{1}{20002} + \frac{1}{210} - \frac{1}{21002} + \frac{1}{210002} + \frac{1}{2100$

of Treasurer			• <u> </u>	the second se
Mailing Address	120 Maryland Ave.,NE	<u></u>	<u> </u>	<u></u>
	Washington		DC 20002	
	CITY	S	TATE	ZIP CODE
Title or Position	<u> </u>	Telephone numbe	202 , 2 er [;	24 2447

						•						
Full Name of Designated Agent	Darlene	Sette	r.,,	<u></u>		<u> </u>	<u> </u>					<u>i</u> i
Mailing Address	ļ	120 M	aryland	l <u>Ave.</u> ,	NE	· 1	<u>L.:</u>	<u>  !  </u>		<u>!</u>		<u>i 1</u>
	ļ	Washin	ngton			<u>.</u>	1			0002		-   DE
Title or Position	Treasure	er: 1				Telepho	one num	ber	202	- 22	4 ]-	- 2447
	Depositories			ther deposi	itories in w	hich the i	committe	ee depos	its funds ,	, holds	accoui	nts, rents
safety deposit bo	oxes or mainta	ains funds. c. E Ameri	.ca	╶┟╾┥╾╽╴┥	itories in w	hich the i	committe	e depos				nts, rents
safety deposit bo	oxes or mainta Depository, etc	ains funds. c. E Ameri	•	╶┟╾┥╾╽╴┥	itories in w	1 1 1 1		<u></u>				
safety deposit bo Name of Bank, I	oxes or mainta Depository, etc	ains funds. c. <u>Ameri</u> <u>730 1</u>	.ca 5th, St	• <b>j•</b> <u>NW</u>		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>					
safety deposit bo Name of Bank, I	oxes or mainta Depository, etc	ains funds. c. <u>Ameri</u> <u>730 1</u>	.ca	• <b>j•</b> <u>NW</u>		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			· ·		
safety deposit bo Name of Bank, I	oxes or mainta Depository, etc	ains funds. c. <u>Ameri</u> <u>730 1</u>	.ca 5th, St	• <b>j•</b> <u>NW</u>		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			· ·		
safety deposit bo Name of Bank, I	bxes or mainta Depository, etc	ains funds. c. [ <u>Ameri</u> [ <u>7</u> 30 <u>1</u> [ , ] <u>Washi</u>	.ca 5th, St	• <b>,</b> NW .		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			· ·		
safety deposit bo Name of Bank, I Mailing Address	bxes or mainta Depository, etc	ains funds. c. [ <u>Ameri</u> [ <u>7</u> 30 <u>1</u> [ , ] <u>Washi</u>	ca 5th <sub>i</sub> St iii ngtọn <sub>i</sub>	• <b>,</b> NW .		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			· ·		
safety deposit bo Name of Bank, I Mailing Address	Depository, etc	ains funds. c. [ <u>Ameri</u> [ <u>7</u> 30 <u>1</u> [ , ] <u>Washi</u>	ca 5th <sub>i</sub> St iii ngtọn <sub>i</sub>	• <b>,</b> NW .		<u>, , , , , , , , , , , , , , , , , , , </u>				· ·		
safety deposit bo Name of Bank, I Mailing Address	Depository, etc	ains funds. c. <u>730 1</u> <u>730 1</u> <u>Washi</u> c.	ca 5th <sub>i</sub> St iii ngtọn <sub>i</sub>	• <b>,</b> NW .						· ·		
safety deposit bo Name of Bank, I Mailing Address	Depository, etc	ains funds. c. <u>730 1</u> <u>730 1</u> <u>Washi</u> c.	.ca 5th; St  ngton; 	• <b>,</b> NW .								

.

FFC	Form	1	(Revised	12/2007)
	I OILIA	•	111011000	12/2001

**.** .

Page 4	4
--------	---

Full Name of Designated Agent	e Shearer.
Mailing Address	[735] N. Congress St
,	Jackson
	Line Line MS B9202 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
Title or Position	

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.

-			i		<u> </u>	ł.		1			i	_!				1		I.		1	1	;	<u> </u>	.1	. L.	1	!	_	I	L	<u> </u>	[	_
Mailing Address			ļ		2.1	1	.1	1				:			ł	-	<u>;</u>	1	1	1	<u>l</u>	1	1	1	å.	L.	ļ	1	<u> </u>	[]	l.		
•						]		1			_i	1			_		1	1	<u>i</u>	1	1	1	L	<u> </u>	1	<u> </u>		<u> </u>	1	/			
		<u> </u>			1		_ 1	i		-	1	]	1.	<u> </u>	_i	. I.	<u>.</u>	J		L.	į			L	1		<u> </u>	<u> </u>	<u> </u> -			1	
								Cľ	TΥ										S	бта	TE						ZI	РС	COD	Е			
Name of Bank,	Depository, e	etc.																															_
	L	<u>_i_l</u>	į		.i	<u>ł</u>	_1	_1_	[	<u> </u>	ļ	ł	1	1	1	E.	ł	1	I	1	1	1	1	1	1	1		. <b>!</b>	<u> </u>	il			_]
Mailing Address		L		1	<u>[ ]</u>	l				i		l		<u></u>	l	Ļ	ι	1	1	l		<u> </u>	1	1	Į				l		1	-	_
					<u>i j</u>		1	_ <u>i</u>	<u> </u>		. 1	1	1	<u>i</u>			1	1	]	:	1	<u> </u>	1	1	1		1	1	ļ	L			
					<u>i</u>		I.	1		i	1	i				<u>i</u>					<u>]</u>	J		L	-	. I	1	1	]-		]	1	
		CITY										STATE							ZIP CODE														

Name of Bank, Depository, etc.

NANCY ERICKSON SECRETARY

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:	
HAND DELIVERED 05-1-	8
Date of Recei	pt
ISPS FIRST CLASS MAIL	
Postm	ark
SPS REGISTERED/CERTIFIED Postm	lark
SPS PRIORITY MAIL Postm	
DELIVERY CONFIRMATION OR SIGNATURE CON	FIRMATION LABEL
JSPS EXPRESS MAIL	
Postm	nark
VERNIGHT DELIVERY SERVICE:	
SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
EDERAL EXPRESS	
'PS	
HL	
IRBORNE EXPRESS	
· .	
ECEIVED FROM FEDERAL ELECTION C	
	Date of Receipt
OSTMARK ILLEGIBLE	OSTMARK
AXDate of Receipt	
DTHER Date of Receipt or Postma	ark
$\mathbf{h} = \mathbf{h}$	
KD	DATE PREPARED 05.19.0
REPARER	_DATE PREPARED

PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7118 PHONE: (202) 224-0322

28020240618



: . . . .

-

•

ŧ

28020240619