FEC FORM 1

STATEMENT OF ORGANIZATION

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2008 APR 2.5 AM 10: 14

(Revised 02/2003)

(See instructions) NAME OF (Check if name Example: If typying, type 12FE4M5 is changed) **COMMITTEE** (in full) over the lines Senate Majority Committee 2008 228 S. Washington St., Ste. 115 ADDRESS (number and street) (Check if address is changed) Alexandria **CITY** STATE -ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) **COMMITTEE'S FAX NUMBER** 7036840683 DATE 2008 **FEC IDENTIFICATION NUMBER** C IS THIS STATEMENT 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 Lisa Lisker Type or Print Name of Treasurer Electronically Filed by Lisa Lisker Signature of Treasurer Date 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 For further information contact: **FEC FORM 1 Federal Election Commission** Use

Toll Free 800-424-9530 Local 202-694-1100

FE3AN042.PDF

Only

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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 information below.)	e candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, epublican,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. — JOINT FUNDRAISING CONTE	d fund or party
6.	Name of Any Connected Organization or Affiliated Committee	
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L	<u> </u>	
	Mailing Address PO BOX 500	
	RYENHNHNHN	8870
	CITY▲ STATE ▲	ZIP CODE A
	Relationship Jnt Cmte Participant	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	tion
	Membership Organization Trade Association Cooperative	

Senate ma	jority Committe	e 2006		
		ify by name, address, (phone number ooks and records.	optional), and position of th	e person in
Full Name	Lisa Lisk	er		<u> </u>
Mailing Addre	ss _	228 S. Washington Stree	t, Ste. 115	
	-	Alexandria	VA	22314
Title or Position	on ♥	CITY A	STATE &	ZIP CODE A
	Treasurer		703 Telephone number	
Treasurer: I	List the name an	nd address (phone number optional) esignated agent (e.g., assistant treasu	of the treasurer of the commi	ttee; and the
Full Name	Lisa Lisk	er		
of Treasurer				
of Treasurer Mailing Addre		228 S. Washington Stree	t, Ste. 115	
		228 S. Washington Stree Alexandria	t, Ste. 115	22314
	\$\$			22314
Mailing Addre	\$\$	Alexandria	VA	
Mailing Addre	ss - - -	Alexandria CITY ▲	VA STATE A	ZIP CODE A
Mailing Addre	ss	Alexandria CITY ▲	STATE A Telephone number	ZIP CODE A
Title or Position Full Name of Designated Agent	ss	Alexandria CITY A	STATE A Telephone number	ZIP CODE A
Title or Position Full Name of Designated Agent	Treasurer Keith Day	Alexandria CITY vis 228 S. Washington St., S	VA STATE A Telephone number 703	ZIP CODE A 549 7705

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FEC Form 1 (Revised 1/2001)

[ADDITIONAL]

Mailing Address		<u> </u>	
	CITY 🔼	STATE 4	ZIP CODE 🛕
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Name of Any Connected Org	panization or Affiliated Committee		[ADDITIONAL]
			[ADDITIONAL]
Name of Any Connected Org			[ADDITIONAL]
COLEMAN FOR SENATE	08		[ADDITIONAL]
			[ADDITIONAL]
COLEMAN FOR SENATE	08 680 TRANSFER ROAD SUITE A		
COLEMAN FOR SENATE	08		55114
COLEMAN FOR SENATE	08 680 TRANSFER ROAD SUITE A		
COLEMAN FOR SENATE Mailing Address	680 TRANSFER ROAD SUITE A ST PAUL CITY	MN STATE A	55114
COLEMAN FOR SENATE Mailing Address Relationship Jnt Cm	680 TRANSFER ROAD SUITE A ST PAUL CITY te Participant	MN STATE A	55114
COLEMAN FOR SENATE Mailing Address Relationship Jnt Cm Type of Connected Organizati	680 TRANSFER ROAD SUITE A ST PAUL CITY te Participant on:	MN STATE A	55114
COLEMAN FOR SENATE Mailing Address Relationship Jnt Cm	680 TRANSFER ROAD SUITE A ST PAUL CITY te Participant on: Corporation w/o Capital Sto	MN STATE A	55114 ZIP CODE ▲

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Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY A	STATE A Telephone number	

FEC Form 1 (Revised 1/2001)

				
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,	intains funds.	r other depositories in which the commit		lds accounts, rents
Mailing Address		CITY A	STATE A	ZIP CODE A
Name of Any Connected	_	ated Committee		ADDITIONAL]
Mailing Address	PO BOX 1021	35	[60] L	80250
Relationship Jnt (Cmte Participant	CITY &	STATE A	ZIP CODE A
Type of Connected Organi	ization:			
Corporation	Zalion.	Corporation w/o Capital Stock	Labor Org	ganization
Membership Orga	anization	Trade Association	Cooperati	ve

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

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	Mailing Address				
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	•		ed Committee	Ţ	ADDITIONAL]
L	JOHN KENNEDY FOR U	S SENATE INC			
L					
	Mailing Address	PO BOX 1486	<u> </u>	<u> </u>	
		1			
		BATON ROUG	je, , , , , , , , , , , ,	, LA ,	70898 _ , , ,
			CITY	STATE A	ZIP CODE
	Relationship Jnt Cr	nte Participant		<u>. ll. </u>	
	Type of Connected Organiza	ition:			
	- 	ation:	Corporation w/o Capital Stock	Labor On	ganization
	Type of Connected Organiza Corporation Membership Organi		Corporation w/o Capital Stock Trade Association	Labor Or	ganization

Designated Agent		[ADDITIONAL]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE & ZIP CODE &
		ephone number =

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Banks or Other Depositories: List all banks or other depositories in which the commit safety deposit boxes or maintains funds.	•
Name of Bank, Depository, etc.	[ADDITIONAL]
Mailing Address	
CITY 🗖	STATE ZIP CODE A
Name of Any Connected Organization or Affiliated Committee	[ADDITIONAL]
OGONOWSKI FOR SENATE	
Mailing Address 110 PECHAM RD	
DRACUT	MA , 01826 _ , , , ,
CITY▲	STATE ▲ ZIP CODE ▲
Relationship Jnt Cmte Participant	
Type of Connected Organization:	
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative

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

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Banks or Other Depositorie safety deposit boxes or maint	s: List all banks or ains funds.	other depositories in whic	th the committee dep		
Name of Bank, Depository, et	c.			[ADDITIONAL]
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NEW MEXICO REPUBLI	CAN NOMINEE CO	OMMITTEE			
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Mailing Address	PO,BOX,75103	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1	1 1 1 1	
Maining Address					
	WASHINGTON	! 	_ 	PC	20013 _
					
		CITY	ST	ATE A	ZIP CODE A
Relationship Jnt Cn	nte Participant			<u> </u>	
Type of Connected Organiza	ition:				
Corporation		Corporation w/o Capita	al Stock	Labor Org	ganization
Membership Organi	zation	Trade Association		Cooperat	

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Designated Agent			[ADDITIONAL]
Full Name LLLLL. Mailing Address .			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A

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Banks or Other Depositorie safety deposit boxes or main	es: List all banks or other depositories in which the commitains funds.	•	
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BATTLE BORN POLITIC	CAL ACTION COMMITTEE,	1 1 1 1 1 1 1	
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Mailing Address	P.O. Box 370386		
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	Suite 300		
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Type of Connected Organiza	CITY▲ mte Participant ation:	STATE A	ZIP CODE A
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Type of Connected Organiza	CITY▲ mte Participant ation: Corporation w/o Capital Stock	STATE A	ZIP CODE A

Designated Agent			[ADDITIONAL]	
Full Name Mailing Address				
Title or Position ♥	CITY A	STATE &	ZIP CODE A	
	Tel	Telephone number		

(3/2005)

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