

AMENDED

SECRETARY OF THE SENATE
07 DEC 21 PM 1:39

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

JIM COHEN FOR U.S. SENATE

ADDRESS (number and street)

P.O. BOX 7056

(Check if address is changed)

MINNEAPOLIS MN 55407

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rlLewis.cpa@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

952-938-1167

2. DATE 08 03 2007

3. FEC IDENTIFICATION NUMBER ► C

4. 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.

Type or Print Name of Treasurer ROBERT B. LEWIS

Signature of Treasurer *Robert B. Lewis* Date 08 03 2007

12-10-2007

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 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 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 JIM COHEN

Candidate Party Affiliation DFL Office Sought: House Senate President State MN District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

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Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name ROBERT B. LEWIS

Mailing Address 6500 STAUDER CIRCLE

EDINA MN 55430

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 952-938-1

8. 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 ROBERT B. LEWIS

Mailing Address 6500 STAUDER CIRCLE

EDINA MN 55430

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 952-938-18309

Full Name of Designated Agent ATHENA MIHAS

Mailing Address 13818 52ND AVE. NORTH

PLYMOUTH MN 55446

Title or Position CITY STATE ZIP CODE

DEPUTY TREASURER Telephone number 612-387-3890

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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.

U.S. BANK

Mailing Address

2545 HENNEPIN AVE.

MINNEAPOLIS MN 55405

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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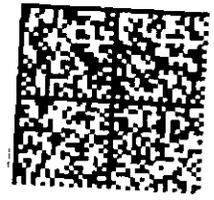
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ROBERT B LEWIS CPA
6500 STAUDER CIRCLE
EDINA, MN 55436-1047

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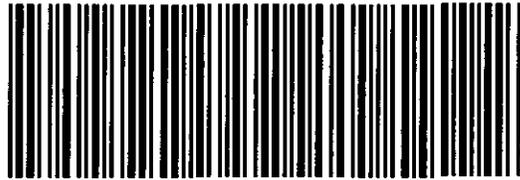
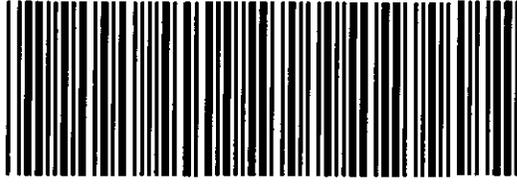
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