

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE  
09 AUG -05 AM 11:02

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PRISCILLA LORD FARIS VOLUNTEER COMMITTEE

ADDRESS (number and street)

332 MINNESOTA STREET SUITE W3080



(Check if address  
is changed)

ST. PAUL MN 55101-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

PRISCILLA@PRISCILLALORDFORSENATE.COM

PRISCILLA@MINNESOTAUNITE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

PRISCILLALORDFARISFORSENATE.COM

MINNESOTAUNITE.COM

COMMITTEE'S FAX NUMBER

651-645-5276

2. DATE

07 21 2008

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

Wayne Faris

Signature of Treasurer

Date

07 31 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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate PRISCILLA LORD FARIS

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State MIN District

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

Name of Candidate \_\_\_\_\_

Party Committee:

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

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  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 Fundraising Representative:

- (g)  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.
- (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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number
5. \_\_\_\_\_ FEC ID number

28020412999

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

WAYNE FARIS

Mailing Address

332 MINNESOTA STREET SUITE W3080

ST. PAUL

MINN

55101

CITY

STATE

ZIP CODE

Title or Position

CUSTODIAN OF RECORD

Telephone number

651-224-6464

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

WAYNE FARIS

Mailing Address

332 MINNESOTA STREET SUITE W3080

ST. PAUL

MINN

55101

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

651-224-6464

28020413000

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

ANCHOR BANK

Mailing Address

332 MINNESOTA STREET SUITE 210

[Grid for Mailing Address Line 2]

ST PAUL MN 55101-1

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

28020413001

**PRISCILLA LORD FARIS  
FOR SENATE**

*The First National Bank Building*  
332 Minnesota Street, Suite W-3080  
St. Paul, Minnesota 55101

**X-RAYED  
IN THE SENATE  
POST OFFICE**

Secretary Of Senate  
Office of Public Record  
PO Box 5109  
Alexandria, VA 22301

22308+0103



SAINT PAUL, MN 550  
01 AUG 2008 PM 3 L



99000 THE SENATE  
03 AM 11:09

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_

USPS FIRST CLASS MAIL 08-01-08  
Date of Receipt  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

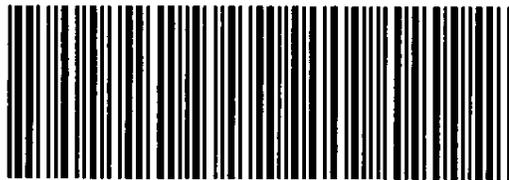
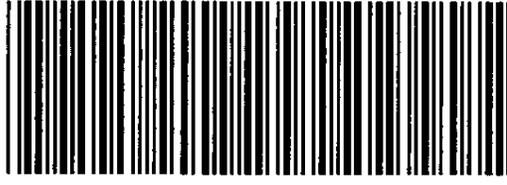
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 08-05-08

28020413002



28020413004