

EXHIBIT A

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Senate Majority Fund. D Employer identification number: 14 1858703. E Telephone number: (303) 751-5444. F Accounting method: Cash.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Web site: N/A

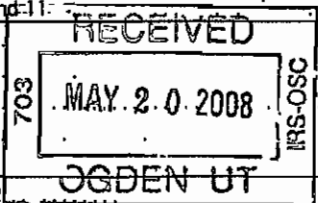
Organization type (check only one): 501(c), 4947(a)(1), or 527.

Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 401,526.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing revenue and expenses. Line 12 Total revenue: 401,526. Line 17 Total expenses: 155,232. Line 18 Excess or (deficit) for the year: 246,294. Line 21 Net assets or fund balances at end of year: 285,104.



Handwritten initials: GAO, INE

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30	60,000.		60,000.
31 Accounting fees	31	6,260.	6,260.	
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping . .	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	181.	181.	
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a bank service fees	43a	1,156.	1,156.	
b data purchases	43b	11,030.	11,030.	
c Events costs	43c	72,400.		72,400.
d contribution refunded	43d	3,950.		3,950.
e Office Expenses	43e	255.	255.	
f _____	43f			
g See Other Expenses Stmt	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	155,232.	18,882.	136,350.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Political Organization Education and Research
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a Political 527 organization that seeks to reaserch and educate Colorado voters concerning candidates running for public office (fund balance from fundraising will be used in 2008 for program services)

(Grants and allocations \$) If this amount includes foreign grants, check here

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	38,810.	45	285,104.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	
	55 a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)		56	
	57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)		57 c		
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	38,810.	59	285,104.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted	38,810.	68	285,104.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	38,810.	73	285,104.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	38,810.	74	285,104.	

BAA

Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements ..		a
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Scott Shires 12237 East Amherst Circle Aurora, CO 90014	Manager 5.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 1		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures (See line 81 instructions)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
84 b			
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 b			
c	Dues, assessments, and similar amounts from members	85 c	
d	Section 162(e) lobbying and political expenditures	85 d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87 a	501(c)(12) organizations Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
87 b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
88 b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction . .	N/A	
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ See States Filed In		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		0
91 a	The books are in care of ▶ Scott Shires Telephone number ▶ (303) 751-5444 Located at ▶ 700 17th Street #2000, Denver, CO ZIP + 4 ▶ 80202		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.) N/A

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A	
Yes	No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No
-----	----

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No
-----	----

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *[Signature]* Date: 5/14/08

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/14/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Shires Financial Group Inc
12237 East Amherst Circle
Aurora CO 80014

EIN: _____ Phone no: (303) 751-5444

Preparer's SSN or PTIN (See General instruction X): _____

2007**Schedule B**
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)Name of organization **Senate Majority Fund** Employer identification number **14 1858703****Organization type (check one):****Filers of:**

Form 990 or 990-EZ

Section:

- 501(c)(____) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

Senate Majority Fund

14 1858703

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	see attached data ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

(a) No.	(b) Full Name	Address	City	State	Zip Code	(c) Aggregate Contributions	(d) Type of Contribution
1	Bill Barrett Corporation	1099 18th Street, Suite 2300	Denver	CO	80202	5,000.00	Person
2	Agents Service Corporation	1660 S Albion St., Ste. 518	Denver	CO	80222	5,000.00	Person
3	Ameristar Casino Black Hawk	111 Richman St	Black Hawk	CO	80422	5,000.00	Person
4	COPIIC Insurance Company	7351 Lowry Blvd. PO Box 17540	Denver	CO	80217-0540	5,000.00	Person
5	Pioneer Natural Resources USA, Inc. PAC	5205 N O'Connor Blvd #200	Irving	TX	75039	5,000.00	Person
6	Safeway, Inc.	5918 Stoneridge Mall Road	Pleasanton	CA	94588	5,000.00	Person
7	The Broadmoor	1 Lakeside Circle	Colorado Springs	CO	80901	5,000.00	Person
8	Walmart Stores Inc	702 SW 8th St	Bentonville	AR	72716	5,000.00	Person
9	El Paso Natural Gas Company	PO Box 4430	Houston	TX	77210 4430	5,000.00	Person
10	Comcast Financial Agency Corp	West Division Office 183 Inverness Dr. W	Englewood	CO	80112	5,000.00	Person
11	Xcel Energy Services Inc	414 Nicollet Mall	Minneapolis	MN	55401	5,000.00	Person
12	Kopper, W Broce	3845 Hill Cir	Colorado Springs	CO	80904	5,000.00	Person
13	Leo, Gary O	17 5th St	Colorado Springs	CO	80906	5,000.00	Person
14	Colorado Clean Energy Fund	1776 Lincoln St #1313	Denver	CO	80203	5,000.00	Person
15	Colorado Automobile Dealers Association	290 E Speer Blvd.	Denver	CO	80203	5,000.00	Person
16	Committee for the American Dream	600 Grant St., Suite 550	Denver	CO	80203	5,000.00	Person
17	Colorado Cable Telecommunications Association	1125 17th Street, Suite 600	Denver	CO	80202	5,000.00	Person
18	Colorado Automobile Dealers Association	290 E Speer Blvd.	Denver	CO	80203	5,000.00	Person
19	Reynolds American	PO Box 2990	Winston-Salem	NC	27102	7,000.00	Person
20	COPIIC Insurance Company	7351 Lowry Blvd. PO Box 17540	Denver	CO	80217-0540	8,000.00	Person
21	Noble Energy Production, Inc	1625 Broadway, Suite 2000	Denver	CO	80202	10,000.00	Person
22	Anadarko Petroleum Corp	PO Box 1330	Houston	TX	77251 1330	10,000.00	Person
23	Anderson, Raymond E	6221 S Racine Cir	Centennial	Co	80111 6427	10,000.00	Person
24	The Trailhead Group, LLC	303 E. 17th Ave #640	Denver	CO	80203	10,000.00	Person
25	EnCana Oil & Gas (USA) Inc.	370 17th St., Ste. 1700	Denver	CO	80202	15,000.00	Person
26	Cranberg, Alex M	1775 Sherman St # 2400	Denver	CO	80203	15,000.00	Person
27	High Plains A & M, LLC	333 W Hampden Ave., Suite 810	Englewood	CO	80110	25,000.00	Person

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Other expenses				

Total

Form 990, Part VI, Page 7, Line 90a

States Filed In

Colorado

EXHIBIT B

STATE OF COLORADO
Department of State
1700 Broadway
Suite 250
Denver, CO 80290



Mike Coffman
Secretary of State

Holly Z. Lowder
Director, Elections Division

October 15, 2007

SENATE MAJORITY FUND LLC
SCOTT SHIRES
12237 EAST AMHERST CIRCLE
AURORA, CO 0

20075625441 C
SECRETARY OF STATE
10/18/2007 03:38:27

Dear Registered Agent:

This office received a 527 POLITICAL ORGANIZATION registration for the aforementioned committee on 10/10/2007. Pursuant to the Campaign and Political Finance Rule 2.1 (CPF), which states:

“When a committee registration form is received by the secretary of state’s office, an identification number will be assigned and a letter of acknowledgement will be sent to the registered agent on file informing him/her of the identification number. [1-45-108(3) through (6)]”

The following SOS (Secretary of State) identification number and user id/password (optional) are assigned to your committee:

SOS ID: 20075624120

User ID:

Password:

This number should be used on **ALL** future correspondence and reporting with this office. **The user id/password are confidential and are intended for the use of registered agents and/or candidates ONLY.** For manual filers, a “starter set” of reporting forms is enclosed for your convenience. Please make copies for future filings, or download them from our website at: www.sos.state.co.us

Enclosed, for your convenience, are instructions for utilizing the electronic filing system for campaign finance reports. Also, enclosed you will find the filing schedule that corresponds to your committee for 2007. Please be sure to submit any reports from the date of your committee’s registration forward. If the Campaign and Political Finance (CPF) staff may be of further assistance, please contact us at 303-894-2200, press “3”.

Sincerely,

Alyssa Prohaska
Elections Division

Main Number (303) 894-2200
Administration (303) 860-6900
Fax (303) 869-4860

TDD (303) 869-4867
Web Site www.sos.state.co.us
E-mail public.elections@sos.state.co.us

EXHIBIT C



Colorado Secretary of State
 Date and Time: 09/20/2007 06:49 PM
 Id Number: 20021332845

Document processing fee
 If document is filed on paper \$100.00
 If document is filed electronically \$ 10.00
 Late fee if entity is in noncompliant status
 If document is filed on paper \$ 50.00
 If document is filed electronically \$ 20.00

Document number: 20071432667

Fees & forms/cover sheets are subject to change.
 To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Annual Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number: 20021332845
 Entity name: SENATE MAJORITY FUND, LLC
 Jurisdiction under the law of which the entity was formed or registered: Colorado

You must complete line 1.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

1. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Shires Scott L
(Last) (First) (Middle) (Suffix)
12237 E Amherst Circle
(Street name and number or Post Office Box information)
Aurora CO 80014
(City) (State) (Postal/Zip Code)
(Province – if applicable) (Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Mark the box if information requested below is current in the records of the Secretary of State
OR complete Questions 2 through 7.

2. Principal office street address: 12237 East Amherst Circle
(Street name and number)

Aurora CO 80014
(City) (State) (Postal/Zip Code)

United States
(Province – if applicable) (Country – if not US)

3. Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

4. Registered agent name: (if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization) Campaign Compliance Center

5. The person identified above as registered agent has consented to being so appointed.

6. Registered agent street address: 12237 E Amherst Circle
(Street name and number)

Aurora CO 80014
(City) (State) (Postal/Zip Code)

7. Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

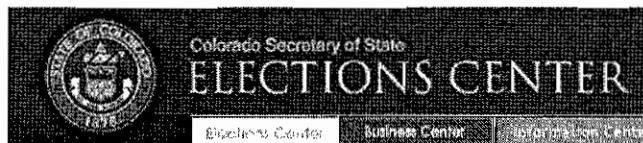
(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

EXHIBIT D


[Elections Center](#)
[Business Center](#)
[Campaign Setup](#)
[Political Parties](#)
[Secretary of State Home](#)

Political Organization Detail

[Campaign](#)
[Finance Home](#)
[Campaign](#)
[Finance](#)
[Database](#)
[Search](#)
[Search Reports](#)
[Committee](#)
[Registration](#)
[527 Account](#)
[Setup](#)
[Login](#)

Name: SENATE MAJORITY FUND LLC
SOS ID: 20075624120
Type: 527 POLITICAL ORGANIZATION

Filing Date: 10/10/2007
Status: Active
Filing Type: Electronic
Purpose: SUPPORTING CANDIDATES FOR THE STATE SENATE

Most Recent Election Cycle:
Area/Office/District: STATEWIDE / na / na
Last Detail Summary Report Filing Date: 07/19/2008 1:57 PM
For Report Period Ending: 07/16/2008

Contact Person: SCOTT SHIRES
Mailing Address: 12237 EAST AMHERST CIRCLE
City State Zip: AURORA, CO CO
Phone: 303 751 5444
Fax: 303 751 0544

- [View Reports](#)
- [View Manual Filings For The Last 2 Years](#)
- [Search 527 Reports Filed with the IRS](#)

[Back](#)

Elections Center: 303 894 2200 • Fax: 303 869 4861 • e-mail: sos.elections@sos.state.co.us

A **Sobby**
SOFTWARE

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EXHIBIT E

**RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME
ISSUE ADVERTISEMENT FORM
(THIS FORM MUST BE COMPLETED FOR ALL REQUESTS [ORAL OR WRITTEN] AND PLACED IN
POLITICAL AND PUBLIC INSPECTION FILE)**

1. Date of Request: 6/23/08

2. Name of Person making the Request: Rock Chalk Media, LLC agency on behalf of
Senate Majority Fund, LLC

3. Address and telephone number of Person making the Request:
PO Box 2125 Grand Junction, CO 81502

4. Name, Address and Telephone Number of Contact Person [if different from person making request- #3 above]

5. Name of Organization Purchasing Time: Senate Majority Fund, LLC

List of Chief Executive Officers or Members of Executive Committee, or Board of Directors of Group/Organization: Scott Shires, Manager

6. Description of the Issue Presented: Educating public about Libby Szabo

7. Is the advertisement related to an election?: Yes X No _____

8. If advertisement relates to an Election:

Name of the Candidate: Libby Szabo
Candidate's Party Affiliation: Republican

9. Information Requested:

10. Information Provided:

11. Request to Purchase Time: ACCEPTED REJECTED

12. If request to purchase time is GRANTED and the Issue Advertisement relates to an issue of national importance you MUST attach a copy of the (i) contract, (ii) schedule of time purchased (including rates charged, class of time purchased), (iii) invoice and, (iv) Affidavit of Performance indicating date and time advertisement aired.

Signed: [Signature]
Signature of Individual Receiving Request

Date: 6/23/08

AGREEMENT TO PURCHASE POLITICAL ADVERTISING AVAILABILITIES

- 1. System and location: Comcast - (BRESNA) GRAND JUNCTION ("Comcast" or "System")
- 2. I, Rock Creek Media, LLC (being or on behalf of Senate Majority Fund, LLC) a legally qualified candidate of the _____ political party for the office of _____ in the _____ [primary or general] election to be held on _____ do hereby request to purchase political advertising time on channels _____ as follows:

<u>LENGTH OF TELECAST</u>	<u>HOUR</u>	<u>DAYS</u>	<u>TIMES PER WEEK</u>	<u>TOTAL NO. WEEKS</u>	<u>RATE AND CLASS OF TIME</u>
30 seconds					

<u>DATE OF FIRST TELECAST</u>	<u>DATE OF LAST TELECAST</u>	<u>TOTAL CHARGES: GROSS</u>
WEDNESDAY, JUNE 25, 2008	SATURDAY, JULY 12, 2008	\$ 74,987.00

- 3. The telecast time will be used by Senate Majority Fund, LLC
- 4. I represent that the advance payment for the above-described telecast time has been furnished by Senate Majority Fund, LLC and that Comcast is authorized to describe that sponsor in its log and to announce the advertisement as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is: corporation; () a committee; () an association; or () other unincorporated group. The names and offices of the chief executive officers are: SCOTT SHIRES, Manager

5. I understand that: If the time is to be used by the candidate within 45 days of a primary or primary runoff election, or within days of a general or special election, the above charges represent the lowest unit charge ("LUC") of the system for the same class a amount of time for the same period; if the use is by a person or entity other than the candidate or is by the candidate but outside the aforementioned 45 or 60 day periods, the above charges do not exceed the charges made for comparable use of such system by other users.

6. I agree that use of the System for the above-stated purposes will be governed by the Communications Act of 1934, as amended and the FCC's rules and regulations, and Comcast's Terms and Conditions attached hereto. I further agree to indemnify and hold harmless Comcast for any damages or liability that may ensue from the performance of the above-stated telecasts. I also agree to prepare a script or transcription, which will be delivered to the System at least _____ days before the time of the scheduled telecasts. (No the two preceding sentences do not apply if a candidate is using the time).

- 7. By: Rock Creek Media, LLC Date: 6/23/08
(Candidate, Supporter or Agent)
- 8. Accepted or Rejected _____ by [Signature] Title General Executive