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| FEC | | STATEMEN ORGANIZA | | | | RECEIVED |
| FORM 1 | | | | | 2 | 1 Colle Tise 511 AM 11: 42 |
| 1. NAME OF COMMITTEE (i | n full) | (Check if name is changed) | | ple:If typing, type he lines. | 12FE4M | FEC MAIL CENTER |
| Pam Gulle | son fo | r North Dakota | | | | |
| | <u> </u> | | | | | |
| | <u></u> | PO Box 6517 | | | | |
| ADDRESS (number | | | | | | |
| (Check if is changed | | Fargo | 1.1.1. | | ND | 58109 6517 |
| | | | CITY | | STATE | ZIP CODE |
| | | SS (Please provide only one e | -mail add | iress) | | |
| COMMITTEE'S E-N | | pamgulleson | @gn | nail.com | | |
| (Check is chan | if address ged) | | | | | |
| | | | | | | |
| Gommittee's Wi | eb page ad | DRESS (URL) | امعما | n com | | |
| | lf äddrobb | www.panigui | 10301 | | ┙ | └ <u>────────────────────────</u> |
| is chan | ĝeć) | | | | | |
| 2. DATE | 0°. 1 | ° źði í | | | | |
| 3. FEC IDENTI | FICATION N | | • • • | | | |
| 4. IS THIS STAT | | NEW (N) OR | | AMENDED (A) | | |
| I certify that I hav | e examined t | his Statement and to the be | st of my | knowledge and belief | it is true, cor | rect and complete. |
| Type or Print Nam | ne of Treasure | Joseph Kroe | eber | | | |
| Signature of Treas | surer | Joseph K | hel | er | Date | 10" ′ 01" ′ 2011 ′ |
| NOTE: Submission | of false, erron | eous, or incomplete information ANY CHANGE IN INFORMAT | - | • • • • • | | nt to the penalties of 2 U.S.C. §437g. AYS. |
| Office Use Only | | | | For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) |

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FEC Form 1 (Revised 02/2009)

| 5. | | | OMMITTEE Committee; |
|----|----------------|--------------------|---|
| | (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) |
| | | | |
| | (b) | ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| | Name Candi | - | Pam Gulleson |
| | Candi Party | date Affiliatio | on DEM Office Sought: House Senate President State ND District 00 |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | Name Candi | - | |
| | Party | y Com | Inittee: |
| | (d) | | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party. |
| | Polit | ical A | ction 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 |
| | | | In addition, this committee is a Lobbyist/Registraot PAC. |
| | (f) | Π | 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 Lobbyist/Registrant PAC. |
| | | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| | Joint | Fund | raising Representative: |
| | (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political |
| | <i>/</i> L\ | | committees/organizations, at least one of which is an authorized committee of a findoral candidato. |
| | (h) | \Box | 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 Fundraisor |
| | | 1. | FEC ID number C |
| | | 2. | FEC ID number |
| | | З. | |
| | | 4. | |
| | | | |

Write or Type Committee Name

Pam Gulleson for North Dakota

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

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| | Re | əlat | lior | nst | nip: | [| | Co | n | 180 | te | d C |)rg | an | iza | tio | n | | Af | filia | ite | d C | Cor | nn | itte | 90 | Ľ |] | Joi | ntl | Fui | ndra | ais | ng | Re | əpr | es | en | tati | ve | [| Le | ad | ers | hip | P. | AC | S | on | sor |

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 | da Kubik | | | |
|-------------------|-------------|----------|--------------------|---------------|
| Mailing Address | PO Box 6517 | | <u>I. I. I. I.</u> | |
| | | | <u>I. I. </u> | |
| | Fargo | | ND | 581096517 |
| Title or Position | CITY | 5 | STATE | ZIP CODE |
| Assistant Treasu | Teleph | one numb | er L | ╨┨-┠╨╨┦-┠╨╨╨┆ |

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 | ph Kroeber |
|---------------------------|--------------------------|
| Mailing Address | PO Box 6517 |
| | ••••••••••••••• |
| | Fargo [ND] [58109 [6517] |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | |

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| ſ | Full Name of Designated Agent | Amano | a,Kuþik | | |
|---|--|---------------|-----------------------|-------------------|---|
| | Mailing Address | | [PO,Box,651,7 | | |
| | | | | | |
| | | | [Fargo, | IND STATE | [58109 6517 _] ZIP CODE |
| | Title or Position Assistant T | reasurer | Telephone n | umber | <u>ݐ</u> ┫╼┠ _{┙┙┙} ┛╸┠ _{┙┙╝┙} ┙ |
| : | Banks or Other safety deposit bo Name of Bank, I | oxes or maint | | nittee deposits f | iunds, holds accounts, rents |
| | | First C | ommunity Credit Union | | |
| l | Mailing Address | | 111,9th Street SW | | |
| | | | PO,Box 2075 | <u> </u> | <u></u> |
| | | | | ND | 58402 _ 2705 |
| | | | CITY | STATE | ZIP CODE |
| | Name of Bank, I | Depository, e | ic. | | |
| | | | | <u></u> | |
| | Mailing Address | | L | | |
| | | | | <u></u> | |
| | | | | | |
| | | | CITY | STATE | ZIP CODE |

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| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate | |
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| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
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| USPS Priority Mail | Postmarked /0/1/ /1 |
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| USPS Express Mail | Postmarked |
| Postmark Illegible | |
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| Overnight Delivery Service (Specify): | Shipping Date |
| Next Busines | s Day Delivery |
| Received from House Records & Registration Office | Date of Receipt |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Date of R Other (Specify): | eceipt or Postmarked |
| Imm | 10/5/10 |
| PREPARER (3/2005) | DATE PREPARED |