24038503027

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Examples: If typing, type over the lines 12FE4M5

Betty PAC

ADDRESS (number and street) P.O. Box 14141

(Check if address is changed)

St. Paul MN 55114 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

2. DATE 08 18 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Jerry Samargia

Signature of Treasurer

Date 08 18 2004

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)

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

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President ☐ State 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) X 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

None

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Betty PAC

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: Jerry Samargia

Mailing Address: P.O. Box 14141

St. Paul — CITY ▲ | MN — STATE ▲ | 55114 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: ___ - ___ - ___

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: Jerry Samargia

Mailing Address: P.O. Box 14141

St. Paul — CITY ▲ | MN — STATE ▲ | 55114 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: ___ - ___ - ___

Full Name of Designated Agent:

Mailing Address:

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼:

Telephone number: ___ - ___ - ___

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds securities, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

St. Anthony Park Bank

Mailing Address 2265 Como Avenue

St. Paul | MN | 55108

CITY | STATE | ZIP CODE

24038503031

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ Postmark Illegible	
☐ No Postmark	
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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

PREPARER

8-24-04
DATE PREPARED

(5/2004)