

2002 AUG 22 P 12:19

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

132PE4MS

TAXPAYERS LEAGUE OF MINNESOTA
LIBERTY FUND

ADDRESS (number and street)

P.O. BOX 130353

(Check if address
is changed)

ST PAUL

MN

55113-1003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 15 2002

3. FEC IDENTIFICATION NUMBER ▶

C00339473

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

Mardeen Smith

Signature of Treasurer

Mardeen Smith

Date

08 20 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9590
Voice 202-694-1100

FEC FORM 1
(Revised 6/01)

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) 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

TAXPAYERS LEAGUE OF MINNESOTA

Mailing Address

ONE CARLSON PARKWAY SUITE 120

PLYMOUTH

MINN

55447

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA Liberty Fund

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

(TREASURER)

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

MARLEEN SMITH

Mailing Address

900 SCENIC CT
SHOREVIEW MN 55126-9128

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

651-482-0889

Full Name of Designated Agent

LINDA C. RANBECK

Mailing Address

48 E GOLDEN LAKE RD
CIRCLE PINES MN 55014

Title or Position

CITY

STATE

ZIP CODE

CHAIRWOMAN

Telephone number

763-249-5955

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.

TCF National Bank
 1160 West County Rd E
 Arden Hills, MN 55112
 CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address
 CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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(6/2000)

2002-08-27 11:00:00