

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2008 JUN -5 P 3:29

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) MINNESOTA FIFTH CONGRESSIONAL DISTRICT REPUBLICAN COMMITTEE	2. DATE 5-29-00
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 1720 NEW BRIGHTON BLVD PO BOX 169	3. FEC Identification Number 600319038
(c) City, State and ZIP Code MINNEAPOLIS MN 55418	4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO

8. 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	State/District

- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
- (d) This committee is a NATIONAL (National, State or subordinate) committee of the REPUBLICAN (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

6. Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
DONALD F MALCHOWICZ	3743 McKimley St NE Mpls, MN 55412	TREASURER

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	Mailing Address	Title or Position
DONALD F MALCHOWICZ	3743 McKimley St NE Mpls MN 55418	TREASURER

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.	Mailing Address and ZIP Code
NORWEST BANK MINNESOTA, N.A.	POST OFFICE BOX 8514 MINNEAPOLIS MN 55479

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	SIGNATURE OF TREASURER	DATE
DONALD F MALCHOWICZ	<i>D.F. Malchowicz</i>	6-1-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9630
Local 202-694-1100

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FEC FORM 1
(revised 4/87)

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.

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<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SL</i>	 6-5-00
PREPARER	DATE PREPARED