12/14/2010 09:28

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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (i	n full) (Check if name Example: If typying, type over the lines	12FE4M5
DAKPAC		
ADDRESS (number ar	700 13th Street, NW	
(Check if address is changed)	Suite 600 Washington	DC 20005
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-M (Check if addre is changed)	AIL ADDRESS (Please provide only one e-mail address)  PLGroup@perkinscoie.com	
COMMITTEE'S WE	B PAGE ADDRESS (URL)	
(Check if addre is changed)		
2. DATE M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFIC	CATION NUMBER C C00364356	
4. IS THIS STATE	MENT NEW (N) OR X AMENDED (A)	
I certify that I have exa	mined this Statement and to the best of my knowledge and belief it is true, correct and the following transfer are surer with the best of my knowledge and belief it is true, correct and the following transfer are surer with the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and belief it is true, correct and the best of my knowledge and the best of my knowledge and the best of my knowledge and belief it is true, correct and the best of my knowledge and the best of my knowledg	nd complete
Signature of Treasur	State Manager	Date 12 / 14 / 2010
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing this Stat	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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5.		COMMITTEE (Check One)  Committee:					
	(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 Affilia		State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Con	(Nethernal Otels					
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political 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 Lab	or Organization				
		Membership Organization Trade Association Co	pperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party				
		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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
	Co	mmittees Participating in Joint Fundraiser					
		1. FEC ID number					
		2. FEC ID number					
		3. Hilling FEC ID number C					
		EEC ID number C					

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Write or Type Committee Name					
DAKPAC					
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fun	draising Representative, or Lead	dership PAC Sponsor		
Kent Conrad		<u> </u>			
		<u> </u>			
Mailing Address	P.O. Box 812				
	Bismark	ND [	58502		
	CITY▲	STATE ▲	ZIP CODE		
Relationship:					
Connected Organizatio	n Affiliated Committee Joi	nt Fundraising Representative	X Leadership PAC Sponsor		
possession of Committe	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
Full Name	Full Name				
Mailing Address	700 13th Street, NW				
	Suite 600				
	Washington	DC	20005		
Title or Position ▼	CITY A	STATE	ZIP CODE A		
Treasure	<u>''r</u>	Telephone number			
name and address of a	Mitch Vance				
Mailing Address	700 13th Street, NW				
	Suite 600				
	Washington	DC			
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A		
Treasure	er	Tolophoro number			
		Telephone number			

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	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ▼	CITY A	STATE <b>A</b>	ZIP CODE <b>A</b>			
	The of Fosition •	OHIA	SIAILA	ZIF CODE A			
		Telo	ephone number				
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.					
	Citiba	ank, F.S.B.		1			
		1400 G Street, NW					
	Mailing Address						
		Washington	DC L	20005			
		CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕			
	Name of Bank, Depository, e	CC.					
	Mailing Address						
		CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕			