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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In Full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

VGM Management, Ltd PAC (VGMPAC)

ADDRESS (number and street) 111 W. San Marzano Drive

(Check if address is changed) Waterloo LA 50701

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
(319) 235-9776

2. DATE 06 / 06 / 2004

3. FEC IDENTIFICATION NUMBER C

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 Michael Mallato

Signature of Treasurer  Date 06 / 14 / 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.

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

VGM Management, Ltd. _____

Mailing Address _____
1111 W. San Marnen Drive _____

Waterloo _____ IA _____ 50701 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ connected organization _____

Type of Connected Organization:

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

Write or Type Committee Name

VGMPAC

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 Treasurer CITY Waterloo STATE IA ZIP CODE 50701
 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 Michael Mallaro
 Mailing Address 1111 W. San Marnan Drive

Waterloo CITY STATE IA ZIP CODE 50701
 Title or Position Treasurer Telephone number 319-235-7100

Full Name of Designated Agent Ronald J. Bendall
 Mailing Address 1111 W. San Marnan Drive

Waterloo CITY STATE IA ZIP CODE 50701
 Title or Position Assistant Treasurer Telephone number 319-235-7100

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.

U.S. Bank, N.A.

Mailing Address

446 1st Avenue N.E.

Cedar Rapids

IA

52401

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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