

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL _____ (Check if name is changed)
 (b) Number and Street Address _____ (Check if address is changed)
 4200 IDS Center 80 South 8th Street
 (c) City, State and ZIP Code _____
 Minneapolis, MN 55402

2. DATE _____

3. FEEDBACK INFORMATION NUMBER _____
 000231233

4. IS THIS STATEMENT AN AMENDMENT? YES NO

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 _____
 State/District _____

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee (name of candidate) _____
 (3) This committee is a _____ (National, State or subordinate) committee of the _____ Party
 (e) This committee is a separate segregated fund.

X (1) The 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

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 _____

Treasurer _____
 Title or Position _____

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 _____

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

Name of Bank, Depository, etc. _____
 Mailing Address and ZIP Code _____

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 _____

First Bank Minneapolis
 First Bank Place
 Minneapolis, MN 55480

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