•			F	RECEIVED TEC MAIL CENTER
FEC FORM 1	STATEMENT ORGANIZAT		20	Office Use Only
1. NAME OF COMMITTEE (in full)		xample:If typing, type ver the lines.	12FE4M5	
Jeff Barth Cong				
ADDRESS (number and street)	PO Box 1732			
(Check if address is changed)	Sioux Falls	<u>.</u>	SD	57101 - L
	CITY		STATE	ZIP CODE
(Check if address is changed) COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE U/ I 3. FEC IDENTIFICATION N	ZUTI IUMBER C			
4. IS THIS STATEMENT		AMENDED (A)	·· ·· ··	
Type or Print Name of Treasur Signature of Treasurer	necus, or incomplete information may to	subject the person signing th	Date Ŏ7	Ö1 [°] Ž0 [°] 11 [°] o the penalties of 2 U.S.C. §437g.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ntact:	FEC FORM 1 (Revised 02/2009)

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5.	TYPE	E OF C	OMMITTEE							
	Can	didate	Committee:							
	(a)	\mathbf{X}	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 Cand		Jeff Barth							
	Candi Party	idate Affiliatio	on DEM Office Sught: House Senate President District 01							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi									
	Part	y Con	nmittee:							
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.							
	Polit	ical A	ction Committee (PAC):							
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:							
	(e)	LJ	Corporation Corporation w/o Capital Stock Labor Organization							
			Membership Organization Trade Association Cooperative							
		ومسجر	In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
			In addition, this committee is a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Joint	t Fund	raising Representative:							
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
		Com	mittees Participating in Joint Fundraiser							
		1.	FEC ID number C							
		2.	<u> </u>							
		3.	FEC ID number							
		4.	FEC ID number C							
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Write or Type Committee Name

Jeff Barth Congress

6.	Nam	1e c	of A	ny	Co	nn	eci	ted)rg:	ani	za	tior	n, <i>I</i>	Aff	ilia	ite	d (Co	mn	nit	lee	e, J	oir	nt F	-ur	dr	ais	ing	3 R	epi	res	sen	tat	ive	e, a	r L	ea	deı	rsh	nip	P/	٩C	Sp	on	ISO	r	
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			•																CI	TY	,				STATE ZIP CODE																							
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor																																															
7.	Cust book						ds	: Ic	der	ntify	/ b'	y n	am	e,	ad	dre	ess	9 (f	ohc	one	n	um	be	r	- 0	ptic	ona	l) a	and	р	osit	ior	10	fth	e	per	SO	n ir	n p	os	ses	ssic		of	co	mm	nitte	е

	stone, Inc	<u> </u>	
Mailing Address	4301 W 57th St, Suite 132	<u> </u>	
	Sioux Falls	SD	57108]-[
Title or Position	CITY	STATE	ZIP CODE
Bookkeeping Se	rvices	number 60	5,]-[521,]-[7019

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	
Mailing Address	3109 S Lincoln Ave
	Sioux Falls
Title og Desition	CITY STATE ZIP CODE
Title or Position	Telephone number 605 - 332 - 2737

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Full Name of Designated Agent	ve Mix		
Mailing Address	4301 W 57th St, Suite 132		······································
	Sioux Falls	STATE	[57108]-[]- ZIP CODE
Title or Position [Bookkeeping Se	Prvices	umber [60	5_ - 521_ - 7019
Banks or Other Deposes afety deposit boxes or Name of Bank, Deposit		ittee deposits	funds, holds accounts, rents
We	Ils Fargo Bank, N.A.		
Mailing Address	101 N Phillips Ave		
	Sjoux Falls	SD	57104
	CITY	STATE	ZIP CODE
Name of Bank, Deposite	ory, etc.		, an
L		<u></u>	
Mailing Address			
	CITY	STATE	ZIP CODE

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No Postmark	
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Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
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PREPARER	DATE PREPARED
(3/2005)	