

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Heartland Values PAC

ADDRESS (number and street)

PO Box 505

(Check if address is changed)

Sioux Falls

SD

57101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@heartlandvaluespac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.heartlandvaluespac.com

COMMITTEE'S FAX NUMBER

605-221-1021

2. DATE

03 / 21 / 2007

3. FEC IDENTIFICATION NUMBER

C C00409003

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

Barb J Buell, Deputy Treasurer

Signature of Treasurer

Electronically Filed by Barb J Buell, Deputy Treasurer

Date

03 / 21 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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

**The Save Our Senate Victory Fund** \_\_\_\_\_

Mailing Address **PO Box 75103** \_\_\_\_\_  
**Washington** **DC** **20013** - \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Joint Fundraising Representative** \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**Heartland Values PAC**

- 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 **Barb Buell**

Mailing Address **PO Box 505**

**Sioux Falls** **SD** **57101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Deputy Treasurer** Telephone number **605** - **376** - **3437**

- 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 **Chad Hatch**

Mailing Address **PO Box 505**

**Sioux Falls** **SD** **57101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **605** - **376** - **3437**

Full Name of Designated Agent **Barb Buell**

Mailing Address **PO Box 505**

**Sioux Falls** **SD** **57101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Deputy Treasurer** Telephone number **605** - **376** - **3437**

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.

**First National Bank**

Mailing Address

**PO Box 5186**

**Sioux Falls**

**SD**

**57101**

CITY ▲

STATE ▲

ZIP CODE ▲