STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) North Dakota Committee on Medical Political Action	2. DATE 3/19/96
(b) Number and Street Address PO Box 1198 (Check if address is changed)	3. FEC Identification Number C00003061
(c) City, State and ZIP Code Bismarck ND 58502-1198	4. Is This Report An Amendment? [x] 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 _____ (name of candidate) and is NOT an authorized committee.

[ ] (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

[x] (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
American Medical Political Action Committee	1101 Vermont Ave NW Washington DC 20005	Joint fund raising representative

Type of Connected Organization

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [x] Membership Organization [ ] Trade Association [ ] Cooperative

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
Leann Tschider	PO Box 1198, Bismarck, ND 58502	Book keeper

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
Brad R Buell, MD	810 E Rosser Ave Ste 402 Bismarck ND 58501	Treasurer

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.	Mailing Address and ZIP Code
First Bank	PO Box 64799 St Paul MN 55164

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
Brad R Buell	[signature]	3/19/96

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.

For further information contact Federal Election Commission Toll-free 800-424-9530 Local 202-219-3420

FL5AN045

FEC FORM 1

(revised 4/87)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 3-29-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMN — PREPARER

3-29-96 — DATE PREPARED

FEC FORM 70-2 (12/92)