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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 listing 501c
over the first.

12784M5

Minnesota Alliance of Republicans Kennedy PAC (BANK PAC)

ADDRESS (number and street)

1374 Edgewood Rd

(Check if address
is changed)

St. Paul

NE

65116

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

06 26 2003

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have reviewed this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Pat Fiske

Signature of Treasurer

Date

06 26 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
1100 ...
1-800-424-9520
www.fec.gov

FEC FORM 1
(Revised 02/2003)

REMARKS

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

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name/Prefix _____

Type of Connected Organization:

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

Write or Type Committee Name

Minnesota Alliance of Republican Kennedy's PAC (MARK 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 Pat Vicks

Mailing Address 1374 Edgewood Rd

St. Paul, MN 55116

Title or Position Treasurer CITY St. Paul STATE MN ZIP CODE 55116

Telephone number 651-398-3151

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 Pat Vicks

Mailing Address 1374 Edgewood Rd

St. Paul, MN 55116

Title or Position Treasurer CITY St. Paul STATE MN ZIP CODE 55116

Telephone number 651-398-3151

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

US Bank

Mailing Address

US BARROLD CENTER

300 Nicollet Mall

Minneapolis MN 55402

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 6-26-03
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(6/2000)

2003 JUN 26 10 26 AM '03