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STATEMENT OF **ORGANIZATION**

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	SECRETARY OF THE SENATE
	PUBLIRECTIVED
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	Office Use Only

FURIWI I			l	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Annette R	DOSWORTH, MD	for U.S		rec mail center
	. <i>(</i>			
ADDRESS (number and street	1 26015	Minnesota A	ve Si	uitc105-129
(Check if address is changed)				
•	Sioux Fa	Uls	STATE A	5405-6120 ZIP CODE A
COMMITTEE'S E-MAIL ADD	DRESS			
(Check if address is changed)	Annettea	D Bosworth F	0 R SEN	ATE, com
	Optional Second E-Mail A	Address		
			<u></u>	
COMMITTEE'S WEB PAGE (Check if address is changed)		OSWORTH FOR	SENATE	Er Com.
2. DATE 0.7	33 a.6.1.3			
3. FEC IDENTIFICATION	NUMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the be	est of my knowledge and belief it	is true, correct a	and complete.
Type or Print Name of Treas	urer Kodney	E. Fits		
Signature of Treasurer	Roby C)		Date 6.7	23 aor 3
NOTE: Submission of false, er		on may subject the person signing ATION SHOULD BE REPORTED V		he penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

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	F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
5.			COMMITTEE	
	Can	didate	e Committee:	
	(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. (Cominformation below.)	nplete the candidate
	Name Cand		lAnnette Bosworth MD	
	Cand Party	lidate Affiliat	on Rep Office Sought: House Senate President	State
	(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Cor	nmittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	tical A	action Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	t Func	Iralsing Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
		Com	mittees Participating in Joint Fundraiser	
		1.		
		2.	FEC ID number C	
		3.		
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FEC FOR	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	•	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit b Name of Bank,	Depositories: List all banks or other depositories in which the committee depositor or maintains funds. Depository, etc.	osits funds, holds accounts, rents
	Reliabank,	111111111
Mailing Address	1720 Kevin Dr. P.O. Bo)x, 550
	Tea SD	157064-
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
	1	
Mailing Address		
Mailing Address		
Mailing Address		



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ORIGIN ID:FSDA (605) 838-8797 ANNETTE BOSWORTH

SOIS OUL 25 **KECEINED**

NANCY ERICKSON SECRETARY

20363695

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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 2051D-7116 PHONE: (202) 224-0322

United States Senate

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