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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 typing, type
over the lines

12 FEB 4 2005

Heartland Values PAC

ADDRESS (number and street)

PO Box 905

(Check if address
is changed)

Sioux Falls

SD

57101

0505

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

chadhatch@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.heartlandvaluespac.com

COMMITTEE'S FAX NUMBER

605 - 221 - 1021

2. DATE

01 / 17 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

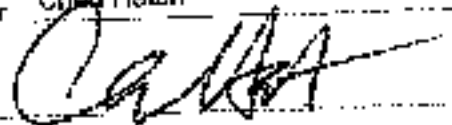
AMENDED (A)

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

Chad Hatch

Signature of Treasurer



Date

01 / 17 / 2005

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9688
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

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

- Type of Connected Organization:
- Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - Cooperative

FEC Form 1 (Revised 02/2003)

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 0505

Title or Position Deputy Treasurer Sioux SD 57101 0505

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., alternate treasurer).

Full Name of Treasurer Chad Hatch

Mailing Address PO Box 505
Sioux Falls SD 57101 0505

Title or Position Treasurer Sioux SD 57101 0505

Telephone number 605 376 3437

Full Name of Designated Agent Barb Buell

Mailing Address PO Box 505
Sioux Falls SD 57101 0505

Title or Position Deputy Treasurer Sioux SD 57101 0505

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.

Wells Fargo Bank, N.A.

Mailing Address

101 North Phillips Avenue

Sioux Falls

SD

57104

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 FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1-24-05 DATE PREPARED