

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

FEB -9 11 21
Clerk Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line 12345678

MINNESOTA FIFTH CONGRESSIONAL DISTRICT
REPUBLICAN COMMITTEE

ADDRESS (number and street) PO BOX 32801

X (Check if address is changed) FT. OLEV MN 55432

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 20 2004

3. FEC IDENTIFICATION NUMBER COD319038

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Tim Kirk

Signature of Treasurer [Signature] Date 01 20 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5639. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row. The first column is labeled 'Office Use Only'.

For further information contact:
Federal Election Commission
Tel: 1-800-424-9530
Local: 202-693-1100

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 SUB (National, State or subordinate) committee of the REP (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

REPUBLICAN PARTY OF MINNESOTA

Mailing Address 1525 PARK STREET
SUITE 250
SAINT PAUL MINN 55103-1206
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship UNAFFILIATED

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

Write or Type Committee Name

Minnesota Fifth Congressional District Republican Comm. House

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 TIM S. KIRK

Mailing Address 7321 MELODY DRIVE NE

FRIEDLEY MN 55434-1

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 763-783-9767

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 TIM S. KIRK

Mailing Address 7321 MELODY DRIVE NE

FRIEDLEY MN 55434

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 763-783-9767

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. **Bank or Other Depositories:** List all banks or other depositories in which the candidate deposits funds, trust accounts, bonds, safety deposit boxes or mailboxes fees.

Name of Bank, Depository, etc.

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C) 1-30-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SMW</i> PREPARER	2-9-04 DATE PREPARED