

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Exorret: If typing, type over the lines.

2003 FEB 19 P 2:08
12 PRAMS

7TH CONGRESSIONAL DISTRICT REPUBLICAN PARTY OF MINNESOTA

ADDRESS (number and street)

506 CHARLES AVE.

(Check if address is changed)

~~MARSHALL~~

MARSHALL

MN 56258 1908

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DESTURROCK@charter.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 08 2003

3. FEC IDENTIFICATION NUMBER ▶ C 00380073

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

DAVID E. STURROCK

Signature of Treasurer

Date 02 08 2003

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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) The committee is a **SUB** (National, State or subordinate) committee of the **REP** ~~(Democratic, Republican, or) Party of MINNESOTA.~~
- (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: **480 CEDAR ST.**
SUITE 560
ST. PAUL MN 55101 2240
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: **AFFILIATED**

Type of Connected Organization:

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

Write or Type Committee Name:

7TH CONG. DIST. REPUBLICAN PARTY OF MINNESOTA

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 DAVID E. STURROCK

Mailing Address 506 CHARLES AVE.

506 MARSHALL MN 56258 1908

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 507 537 0554

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 DAVID E. STURROCK

Mailing Address 506 CHARLES AVE.

MARSHALL MN 56258 1908

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 507 537 0554

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.

MIDWEST BANK OF CALLAWAY

Mailing Address

421 MAIN AVE., P.O. BOX 68

CALLAWAY

MN

56521 0068

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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