09/16/2005 16 : 29

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Heartland Values PAC

ADDRESS (Number and Street)

PO Box 505

(Check if address is changed)

Sioux Falls | SD | 57101 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@heartlandvaluespac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

605-221-1021

2. DATE M M / D D / Y Y Y Y 01 17 2005

3. **FEC IDENTIFICATION NUMBER** **C C00409003**

4. IS THIS STATEMENT X 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 **Barb J Buell, Deputy Treasurer**

Signature of Treasurer Electronically Filed by **Barb J Buell, Deputy Treasurer** Date M M / D D / Y Y Y Y 09 16 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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)