

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 15 9 56 AM '98

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) Michael A. Neitzel For <input checked="" type="checkbox"/> Congress	2. DATE 6/8/98
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) P.O. Box 65691	3. FEC Identification Number
(c) City, State and ZIP Code: St. Paul, MN 55165-0691	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
Michael A. Neitzel | Candidate Party Affiliation
Libertarian | Office Sought
U.S. House | State/District
MN/04 |
|--|---|------------------------------------|--------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

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 Anthony Sanders	Mailing Address 1027 Atlantic St, Apt 112 St. Paul, MN 55106	Title or Position Treasurer
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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 Anthony Sanders	Mailing Address (same as above)	Title or Position Treasurer
Full Name Michael A. Neitzel	Mailing Address 1047 Virginia St St. Paul, MN 55117	Title or Position Asst. Treasurer

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. TCF Bank	Mailing Address and ZIP Code 2100 N. Snelling Ave. Roseville, MN 55113
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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 Anthony Sanders	SIGNATURE OF TREASURER <i>Anthony Sanders</i>	DATE 6/7/1998
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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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 6-15-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	6-15-98 DATE PREPARED