

.05 MAR 17 PM 12:03

# FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

WETTERLING FOR SENATE

ADDRESS (number and street)

P.O. Box 3985

(Check if address is changed)

Minneapolis

MN

55403

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@pattywetterling.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

Pending

COMMITTEE'S FAX NUMBER

3302512587

2. DATE M M / D D / Y Y Y Y  
03 / 11 / 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 Al W. Patton

Signature of Treasurer

Date 03 / 14 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.

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 202-894-1100

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 PATTY WETTERLING

Candidate Party Affiliation	<b>DEM</b>	Office Sought	House	<input checked="" type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	State	<b>MN</b>
									District	<b>00</b>

- (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

None

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**WETTERLING FOR SENATE**

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 Al W. Patton

Mailing Address P.O. Box 3855

Minneapolis MN 55403

Title or Position  CITY  STATE  ZIP CODE

Treasurer

Telephone number 320 - 252 - 6271

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 Al W. Patton

Mailing Address P.O. Box 3855

Minneapolis MN 55403

Title or Position  CITY  STATE  ZIP CODE

Treasurer

Telephone number 320 - 252 - 6271

Full Name of Designated Agent Frances M. Larson

Mailing Address P.O. Box 3855

Minneapolis MN 55403

Title or Position  CITY  STATE  ZIP CODE

Assistant Treasurer

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.

Wells Fargo

Mailing Address

400 S. First Street

St. Cloud

MN

56301

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Name of Bank, Depository, etc.

Bremer Bank

Mailing Address

400 1st Street S.

St. Cloud

MN

56301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_







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