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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(Office Use Only)

1. NAME OF COMMITTEE (as full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MCDM Federal PAC

ADDRESS (number and street)

1730 New Brighton Blvd., PMB 233

(Check if address is changed)

Minneapolis

MN

55413

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jeff@mnmarriage.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mnmarriage.com

COMMITTEE'S FAX NUMBER

501-647-7108

2. DATE

12

01

2004

3. FEC IDENTIFICATION NUMBER ▶

C00407478

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

Jeff Davis

Signature of Treasurer

Date

01

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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

Office Use Only					
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
Loop 202-464-1100

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  (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 with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

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 Jeff Davis

Mailing Address 1730 New Brighton Blvd., PMB 233

Minneapolis MN 55413

Title or Position President CITY STATE ZIP CODE

Telephone number 651 - 633 - 6773

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 Jeff Davis

Mailing Address 1730 New Brighton Blvd., PMB 233

Minneapolis MN 55413

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 651 - 633 - 6773

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

5. 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 Bank

Mailing Address

1200 Silver Lake Road NW

New Brighton MN 55112

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
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 FOR INCOMING DOCUMENTS**

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