

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Rod Grams for U.S. Senate	2. DATE 7/19/01
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 320 East Main Street P.O. Box 1029	3. FEC Identification Number C00286054
(c) City, State and ZIP Code Anoka, MN 55303	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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SECRETARY OF THE SENATE
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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 | State/Date |
|-------------------|-----------------------------|---------------|------------|
| | | | |
- (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.

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

Type of Connected Organization
 Corporation Corporation with 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 Christine Grams	Mailing Address P.O. Box 1029 Anoka, MN 55303	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 Christine Grams	Mailing Address P.O. Box 1029 Anoka, MN 55303	Title or Position Treasurer
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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. US Bank	Mailing Address and ZIP Code P.O. Box 64799 St. Paul, MN 55164
	P.O. Box 1350 Minneapolis, MN 55480

~~Effective April 16, 2001~~

I certify that I have examined this Statement and in the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Christine Grams	SIGNATURE OF TREASURER <i>Christine Grams</i>	DATE 7/19/01
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalty of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9580
 Local 202-694-1100

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FEC FORM 1
(revised 4/87)

