

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
08 MAR -4 PM 12:39

Office Use Only

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

12FE4M5

JACK NELSON-PALLMEYER FOR SENATE

ADDRESS (number and street)

PO BOX 8416

(Check if address is changed)

MINNEAPOLIS

MN

55408

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JACK@JACKFORSENATE.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JACKFORSENATE.ORG

COMMITTEE'S FAX NUMBER

612-605-1879

2. DATE

02 / 26 / 2008

3. FEC IDENTIFICATION NUMBER

000439893

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

ROSE M. GRENGS

Signature of Treasurer

Date

02 / 26 / 2008

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 12/2007)

26020114081

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 JACK NELSON-PALLMEYER

Candidate Party Affiliation DEM Office Sought: House Senate President State MN District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____
5. _____ FEC ID number C _____

28020114082

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

KIM A COUCH

Mailing Address

3517 PILLSBURY AVE S

MINNEAPOLIS

MN

55408

CITY

STATE

ZIP CODE

Title or Position

FINANCIAL MANAGER

Telephone number

612-827-1835

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

ROSE M. GRENGS

Mailing Address

12269 CLARK ST

EAGAN

MN

55122

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

612-532-4246

28020114082

Full Name of Designated Agent

CHRISTINA M. MCNELLIS

Mailing Address

1200 POWDERHORN TER

APT. 3

MINNEAPOLIS

MN

55407

CITY

STATE

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

612-281-0941

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

1444 W. LAKE ST

MINNEAPOLIS

MN

55408

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28020114084



www.JackForSenate.org

PO Box 8416
Minneapolis, MN 55408



X-RAYED

IN THE SENATE
Office of the Senate
Secretary of Public Records

P.O. Box 5109

Alexandria VA 22301-0109

22305+0109



MINNEAPOLIS MN 554

26 FEB 2008 PM 4 T



08 MAR -4 PM 12:39
OFFICE OF THE SENATE

58041102092

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

02-26-08

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

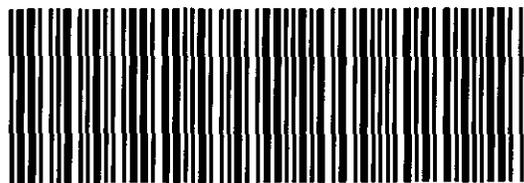
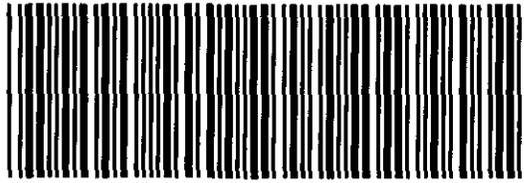
PREPARER

RJ

DATE PREPARED

03-04-08

28026114086



26020114087