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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Circle One Copy

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FEB05

Texas National Federation of Independent Business

ADDRESS (number and street)

P.O. Box 91305

(Check if address
is changed)

Dallas TX 75209-1305

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 25 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 Malinda Van Dusen

Signature of Treasurer Malinda M. Van Dusen

Date 01 25 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 10 DAYS.

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 Tim Wulz

Candidate Party Affiliation: D F L Office Sought: House Senate President State: MI District: 01

- (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

Michigan

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Name or Type of Committee

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 Maria Virginia Viana Divisari

Mailing Address P.O. Box 938

Mankato

MN 56102-0938

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 507-345-8139

8. Treasurers: 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 Maria Virginia Viana Divisari

Mailing Address P.O. Box 938

Mankato

MN 56102-0938

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 507-345-8139

Full Name of Designated Agent Lizbeth S. L...

Mailing Address P.O. Box 938

Mankato

MN 56102-0938

Title or Position CITY STATE ZIP CODE

Asst. Treasurer Telephone number 507-345-8139

g. 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:

Mailing Address: World's Finest
206 East Hickory Street
Marquette, MI 49851
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address: _____

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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