

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

ALLEIANDS OF DIMIGHT ERGITVAREG

ADDRESS (number and street)

AA BOX 8571

(Check if address is changed)

VANNESTADIA

MO

58401

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

VANNESTADIA@DIMIGHT.ERGITVAREG.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.DIMIGHT.ERGITVAREG.COM

COMMITTEE'S FAX NUMBER

701-536-3706

2. DATE

07 / 19 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C00425116

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

Jean Fagerhurst, ASSISTANT TREASURER

Signature of Treasurer

Jean Fagerhurst

Date

07 / 12 / 2006

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 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 DWIGHT GOETZBERG

Candidate Party Affiliation G.O.P. 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

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26020433159

Write or Type Committee Name

FRIENDS OF DWIGHT GROTEBERG

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 DUAN FERRELLAUSITI

Mailing Address 1831ST YORK AVE SE

BURANVILLE WA 98337

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 952-894-5860

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 ALLISON GROTEBERG

Mailing Address 2640 1102 AVE SE

SANBORN WA 98450

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 201-646-6522

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26020433160

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.

FIRST COMMUNITY CREDIT UNION

Mailing Address

200 BOULIARD

JAMESTOWN NC 27402

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

AXIOM

Mailing Address

3651 EAST BASSETT ROAD, SUITE 1224

GILBERT AZ 85234

CITY ▲

STATE ▲

ZIP CODE ▲

26020433161

OPENED FOR

OPENED FOR

SEMO



NE WASA

FedEx STANDARD OVERNIGHT THU

TRK# 8566 2759 7427 FORM 0200

20510 -DC-US

DELIVER BY: 13JUL06 A2

FedEx, US Airbill Express

TRACKING NUMBER: 8566 2759 7427

1 From Date: 7/17/06

Sender's Name: V. P. ...

Company: ...

Address: ...

City: ...

State: ...

Zip: ...

2 Your Internal Billing Reference

To: ...

Recipient's Name: ...

Address: ...

City: ...

State: ...

Zip: ...

3 Payment Method

4 Insurance

5 Signature Required

6 Special Handling

7 Payment Method

8 Signature Required

9 Signature Required

10 Signature Required

11 Signature Required

12 Signature Required

FORM 4364-20 12JUL06

SECRETARY OF THE SENATE JUL 17 PM 1:34

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
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	07-12-06	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-17-06

26020433163

26020433164

