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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

Volunteers for Steven J. Wilson

ADDRESS (number and street)

P.O. Box 7191

X (Check if address is changed)

Rochester

NY

55903

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@stevenwilson.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

stevenwilson.org

2. DATE

01/27/2006

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

David J. Atwood

Signature of Treasurer

*[Signature]*

Date

02/05/2010

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 02/2009)

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## 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

Steven Wilson

Candidate Party Affiliation

IND

Office Sought:

☒

House

☐ Senate☐ President

State

MN

District

01

- (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☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (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 Lobbyist/Registrant PAC.☐ 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**

- |    |                      |               |   |
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| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

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Write or Type Committee Name

Volunteers for Steven J. Wilson

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

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 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

David James Atwood

Mailing Address

P.O. Box 7191

Rochester

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

507-287-6431

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Full Name of  
Designated  
Agent

Rebieck, Ann Atwood

Mailing Address

P.O. Box 7191

Rochester

CITY

MN

STATE

55903-

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

507-287-6431

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.

Wells Fargo

Mailing Address

1701 Greenville Dr SW

Rochester

CITY

MN

STATE

55902-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030252189

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                         |                 |
|-----------------------------------------|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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|-----------------------------------------------------------|------------|
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked |
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| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
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| <input type="checkbox"/> USPS Priority Mail             | Postmarked               |
| Delivery Confirmation™ or Signature Confirmation™ Label | <input type="checkbox"/> |

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| <input type="checkbox"/> USPS Express Mail | Postmarked |
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| <input checked="" type="checkbox"/> Postmark Illegible |  |
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| <input type="checkbox"/> No Postmark |  |
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| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date            |
| Next Business Day Delivery                                     | <input type="checkbox"/> |

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| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|-------------------------------------------|-------------------------------|

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| <br>PREPARER<br>(3/2005) | 2/17/10<br>DATE PREPARED |
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