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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

DORFMAN FOR CONGRESS

ADDRESS (number and street)

4200 FOREST ROAD

(Check if address
is changed)

ST. LOUIS PARK MN 55416

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

GAILGAILDORFMANFORCONGRESS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.GAILDORFMANFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

952-926-3232

2. DATE

04 12 2006

3. FEC IDENTIFICATION NUMBER ▶

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

JILL SCHWIMMER

Signature of Treasurer

Jill Schwimmer

Date

04 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)

26039034243

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 GAIL A DORFMAN

Candidate Party Affiliation DFL Office Sought: House Senate President State MN District 05

- (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

26039034244

Write or Type Committee Name

DORFMAN FOR CONGRESS

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 JILL SCHWIMMER

Mailing Address 3642 BLAISDELL AVE S

MINNEAPOLIS MN 55409

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 612-882-2331

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 JILL SCHWIMMER

Mailing Address 3642 BLAISDELL AVE S

MINNEAPOLIS MN 55409

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 612-822-2331

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039034245

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.

CITIZENS INDEPENDENT BANK

Mailing Address

3000 W 36TH ST

ST. LOUIS PARK

MINN

55416-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER

(3/2005)

4/14/06

DATE PREPARED

26039034247