

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
**Martin Olav Sabo for Congress Volunteer Committee**

ADDRESS (Number and street) **17326 - 530th Avenue**  
 (Check if address is changed) **Wells** **MN** **56097**  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
**karin\_mantor@yahoo.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)  
**www.house.gov/sabo**

COMMITTEE'S FAX NUMBER  
**6128955287**

2. DATE **11 / 17 / 2003**

3. FEC IDENTIFICATION NUMBER **C C00086728**

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 **Karin Mantor**

Signature of Treasurer Electronically Filed by Karin Mantor Date **11 / 17 / 2003**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)



Write or Type Committee Name

**Martin Olav Sabo for Congress Volunteer 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 **Karin Mantor**

Mailing Address **17326 - 530th Avenue**

**Wells MN 56097**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **507 - 553 - 5042**

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 **Karin Mantor**

Mailing Address **17326 - 530th Avenue**

**Wells MN 56097**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **507 - 553 - 5042**

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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 Bank

Mailing Address

P.O. Box

Sioux Falls

MN

57117 -

CITY Δ

STATE Δ

ZIP CODE Δ