

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2017 JUN 30 AM 11:53
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEDERAL 7th CONGRESSIONAL DISTRICT DFL
COMMITTEE

ADDRESS (number and street)

31702 SW PICKEREL LK RD

(Check if address
is changed)

DETROIT LAKES

MIN

56501

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

LRENGBERG@ARVIC.NET

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

06 29 2017

3. FEC IDENTIFICATION NUMBER ▶

C00162598

4. IS THIS STATEMENT

NEW (N)

OR

X

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

LON R ENGBERG

Signature of Treasurer

Lon R Engberg

Date

06 29 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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 06/2012)

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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

Candidate Party Affiliation, Office Sought: House, Senate, President, State, District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) X This committee is a Sub (National, State or subordinate) committee of the DFL (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

- 1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

NON-PROFIT ORGANIZATION

Write or Type Committee Name

Federal 7th Congressional District DFL Committee

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for 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

LON R. ENGBERG

Mailing Address

31702 SW PICKEL LK RD

DETROIT LAKES

MN

56501

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

218-846-1234

NON-PROFIT ORGANIZATION

WINDYHOO | WQ | QW LQQ | WQON

U.S. POSTAGE
PAID
DETROIT LAKES, MN
56501
JUN 29, 17
AMOUNT
\$23.75
R2303S104509-27



1007 20463

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

INTERNATIONAL MAIL
FASTEST SERVICE IN



EK837427862US

UNITED STATES POSTAL SERVICE
PRIORITY MAIL EXPRESS

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
LOMBARD Engberg
3702 Cow Industrial Rd
Detroit Lakes, MN 56501
PHONE (218) 346-1234

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)
General Electric Commission
699 1st NW
Washington DC
20546-63
PHONE ()

ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

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CUSTOMS DECLARATION
MAY BE REQUIRED



JUN 29 2013 OD: 12.5 X 3.5



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+ Money Back Guarantee for U.S. destinations only.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Military Postage	<input type="checkbox"/> DPO
PO ZIP Code 56501	Scheduled Delivery Date (MM/DD/YYYY) 07/01/17	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee. \$ 23.75
Date Accepted (MM/DD/YYYY) 06/29/17	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Return Receipt Fee \$	COD Fee \$
Time Accepted 7:33 AM	10:30 AM Delivery Fee \$	Total Postage & Fees \$ 23.75	Live Animal Transportation Fee \$
Weight lbs. ozs.	Rate \$	Acceptance/Employee Initials ALE	
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time	Time	Employee Signature	Employee Signature

LABEL 11-B, MARCH 2014 PSN 7650-02-000-9956 3-ADDRESSEE COPY

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UNITED STATES



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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 checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 6/29/17
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

 6/30/17
 DATE PREPARED

20170629 10:00:00 AM