

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

2000 NOV -2 P 1:37

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)	2. DATE
Lifecore Biomedical Political Action Committee	10/30/00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
3515 Lyman Blvd.	4. Is This Report An Amendment?
(c) City, State and ZIP Code	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chaska, MN 55318	YES

3. 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	Candidate Party Affiliation	Office Sought	State/District

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

(d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

4. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
LIFECORE BIOMEDICAL, INC.	3515 LYMAN BLVD CHASKA, MN 55318	CONNECTED FOR PURPOSES OF

Type of Connected Organization

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

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	Mailing Address	Title or Position
James William Bracke	3515 Lyman Blvd., Chaska, MN -5318	Treasurer

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	Mailing Address	Title or Position
James W. Bracke (800) 752-2663	3515 Lyman Blvd./Chaska, MN 55318	Treasurer
Dennis J. Allingham	3515 Lyman Blvd./Chaska, MN 55318	Asst. Treasurer

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.	Mailing Address and ZIP Code
US BANCORP	US Bank Place, 601 2nd Ave. So. Minneapolis, MN 55402-4302

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	SIGNATURE OF TREASURER	DATE
James W. Bracke		10/30/00

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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-2-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SES</i> PREPARER	<i>11-2-00</i> DATE PREPARED