

**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
Minnesotans for Janet Robert

ADDRESS (Home or street) **316 E Main Street**
P.O. Box 516
 (Check if address is changed) **Anoka** **MN** **55309**
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
finance@lvotexchange.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.lvotexchange.com

COMMITTEE'S FAX NUMBER
7634228582

2. DATE **03 / 22 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00378208**

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 **Janet Robert**

Signature of Treasurer Electronically Filed by Janet Robert Date **03 / 22 / 2004**

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)

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 Janet Robert

Candidate Party Affiliation **DFL** Office Sought: House Senate President State **MN** District **6**

- (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

Write or Type Committee Name

Minnesotans for Janet Robert

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 **Rob LaFrentz**

Mailing Address **316 E Main Street**
P.O. Box 516
Anoka MN 55303

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **763 - 422 - 9811**

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 **Rob LaFrentz**

Mailing Address **316 E Main Street**
P.O. Box 516
Anoka MN 55303

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **763 - 422 - 9811**

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.

Lake Elmo Bank

Mailing Address

11465 39th Street

P.O. Box 857

Lake Elmo

MN

55042 -

CITY Δ

STATE Δ

ZIP CODE Δ