

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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FEC MAIL CENTER  
2007 SEP 27 AM 9:39

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

TERRI BONOFF FOR CONGRESS

ADDRESS (number and street)

15321 HIGHLAND PLACE

(Check if address  
is changed)

MINNETONKA

MN

55345

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lilllundeen@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.terribonoff.com

COMMITTEE'S FAX NUMBER

-

2. DATE

09 / 26 / 2007

3. FEC IDENTIFICATION NUMBER ►

C

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

Lillian Lundeen

Signature of Treasurer

Lillian Lundeen

Date

09 / 26 / 2007

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  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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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 TERRI BONOFF

Candidate Party Affiliation DFL Office Sought:  House  Senate  President State MN District 03

- (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

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Write or Type Committee Name

**TERRI BONOFF 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 **LILLIAN LUNDEEN**

Mailing Address **15321 HIGHLAND PLACE**

**MINNETONKA MN 55345**

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

Telephone number **952-933-0590**

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 **LILLIAN LUNDEEN**

Mailing Address **15321 HIGHLAND PLACE**

**MINNETONKA MN 55345**

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

Telephone number **952-933-0590**

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

FIRST MINNETONKA CITY BANK

Mailing Address

14550 EXCELSIOR BLVD

MINNETONKA MN 55345

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.

|   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                 |
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| <input type="checkbox"/> USPS Express Mail  | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible   |                                 |
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| Next Business Day Delivery <input checked="" type="checkbox"/>                          |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office              | Date of Receipt                 |
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| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked   |

*[Signature]* *9/27/07*  
**PREPARER** **DATE PREPARED**

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