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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1 NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12204MS

MARK KENNEDY 06

ADDRESS (number and street) PO BOX 49335

(Check if address is changed) BLAINE MN 55449

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS patann@semtel.net

COMMITTEE'S WEB PAGE ADDRESS (URL) MARKKENNEDY06.COM

COMMITTEE'S FAX NUMBER 715 247 4721

2. DATE 01 31 2005

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.

Title or Print Name of Treasurer James Loizeaux

Signature of Treasurer James Loizeaux Date 01 31 2005

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 Use Only				
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For further information contact:
Feds of Interest Commission
Toll Free 800-424-6522
Local 202-691-1100

FEC FORM 1
(Revised 11/21/03)

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

MARK R KENNEDY

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

MN

District

06

(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

Name or Type Committee Name

Mark Kennedy 06

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 Patricia A. Reid

Mailing Address 2269 50th St

SOMERSET

WI

54025

Title or Position

CITY

STATE

ZIP CODE

CONTROLLER

Telephone number

715-247-5584

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

JAMES D. LOIZEAUX

Mailing Address

285 LINDAWOOD LN

WAYZATA

MN

55391

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

612-677-5107

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

5. 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.

TCF NATIONAL BANK

Mailing Address

801 MARQUETTE AVE

MPLS

MIN

55402

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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<i>JK1</i> PREPARER (5/2004)	2-8-05 DATE PREPARED