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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

TAXPAYERS LEAGUE LIBERTY FUND

PO BOX 130353

ADDRESS (number and street)

ST. PAUL MN 55113



(Check if address
is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

marleensmith@attbi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

05 06 2002

3. FEC IDENTIFICATION NUMBER ▶

C00317081

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

Marleen Smith

Signature of Treasurer

Marleen Smith

Date

05 23 2002

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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-684-1100

FEC FORM 1
(Revised 1/01)

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 _____

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 _____

- (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

TAXPAYERS LEAGUE OF MINNESOTA

ONE CARLSON PARKWAY, SUITE 120

Mailing Address

PLYMOUTH MN 55447

PLYMOUTH MN 55447

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

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

Write or Type Committee Name

TAXPAYERS LEAGUE LIBERTY FUND

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

(TREASURER)

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

MARLEEN SMITH

Mailing Address

900 SCENIC CT
SHOREVIEW, MN 55126-9128

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

651-482-7889

Full Name of Designated Agent

LINDA C RUNBECK

Mailing Address

48 E GOLDEN LAKE RD

CIRCLE PINES

MN

55014

Title or Position

CITY

STATE

ZIP CODE

CHAIRWOMAN

Telephone number

763-249-5955

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.

TCF National Bank

Mailing Address

1160 West County Rd E

Arden Hills

MN

55112

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

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