

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
SECRETARY OF THE SENATE

04 JAN 20 AM 6:21

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends of Duane Sand

ADDRESS (number and street)

PO Box 2885

(Check if address is changed)

Fargo

ND

58108

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lynelle@duanesand.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.duanesand.com

COMMITTEE'S FAX NUMBER

701-237-4848

2. DATE

MM 01

DD 09

YYYY 2004

3. FEC IDENTIFICATION NUMBER

C C00392712

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

Ms. Lynelle Kraft Assistant Treasurer

Signature of Treasurer

Lynelle Kraft, Assistant Treasurer

Date

MM 01

DD 08

YYYY 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9590
Local 202-694-1110

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 Lt Commander Duane Sand

Candidate Party Affiliation REP Office Sought: House Senate President State ND
 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

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

Friends of Duane Sand

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 Lynelle Kraft Assistant Treasurer

Mailing Address 1 North 2nd Street Suite 212

Fargo ND 58102

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. Cmpn Manager Telephone number 701 237 6700

B. **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 Mrs. Karen Ripkey

Mailing Address PO Box 2885

Fargo ND 58102

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 701 237 6700

Full Name of Designated Agent Ms. Lynelle Kraft

Mailing Address PO Box 2885

Fargo ND 58102

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 701 237 6700

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.

Gate City Bank

Mailing Address

500 2nd Ave North

Fargo

ND

58102

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Washington Intelligence Bureau Inc

Mailing Address

4128 Popal Place

Chantilly

VA

20151

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

_____ Telephone number _____

24020012306
24020012306



P.O. Box 2885
Fargo, ND 58108-2885

CERTIFIED MAIL



7009 2260 0007 1191 2885

*Office of Public Records
PO Box 5109
Alexandria VA 22301-0109*



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22301

U.S. POSTAGE
PAID
FARGO, ND, ND
58102
JUN 12, 04
FARGO, ND

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