

AMERICAN FAMILY POLITICAL ACTION COMMITTEE

POST OFFICE BOX 1246
MINNEAPOLIS, MN 55443-1246

FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20543

OCT 4 10 43 AM '94

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October 3, 1994

BY OVERNIGHT DELIVERY

**JOHN D. GIBSON
FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON DC 20463**

Re: Statement of Organization/Identification Number: C00297069

Dear Mr. Gibson:

Regarding FEC correspondence dated August 31, 1994 and September 22, 1994, I am submitting paperwork attached to this letter changing the name of our political action committee to: "*American Family Insurance Group Minnesota Federal Political Action Committee.*"

I apologize for the delay in responding to the initial FEC inquiry.

Sincerely,



**William L. Dooley, Jr.
Treasurer**

Attachment

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

(a) NAME OF COMMITTEE (FULL) <input checked="" type="checkbox"/> (Check if name is changed) American Family Insurance Group Minnesota Federal (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) Political Action Committee (c) City, State and ZIP Code	2. DATE October 3, 1994 3. FEC IDENTIFICATION NUMBER C00297069 4. IS THIS STATEMENT AN AMENDMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FEDERAL OCT 4 10 43 AM '94
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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 | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/d Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position

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	Mailing Address	Title or Position

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.	Mailing Address and ZIP Code

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 William L. Dooley, Jr.	SIGNATURE OF TREASURER 	DATE 10/3/94
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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.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1
(revised 4/87)

**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.

Hand Delivered DATE OF RECEIPT
10-4-94

First Class Mail POSTMARKED

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Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

MMR
 PREPARER

10-4-94
 DATE PREPARED

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