

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED  
FEC MAIL ROOM  
2002 FEB -5 A 9 01

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: if typing, type over the lines. 12FE4M5

CLAYBURGH FOR CONGRESS COMMITTEE

ADDRESS (number and street)

P.O. BOX 1255

(Check if address is changed)

[Redacted]

BISMARCK

ND

58502

1255

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CAMPAIGN@CLAYBURGHFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CLAYBURGHFORCONGRESS.COM

2. DATE 01 17 2002

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 BEVERLY CLAYBURGE

Signature of Treasurer *Beverly Clayburge*

Date 01 17 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

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 RICK CLAYBURGH

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

CLAYBURGH FOR CONGRESS COMMITTEE

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 BEVERLY CLAYBURGH

Mailing Address P.O. BOX 12112

GRAND FORKS ND 58208 - 2112

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 701 - 775 - 8080

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 BEVERLY CLAYBURGH

Mailing Address P.O. BOX 12112

GRAND FORKS ND 58208 - 2112

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 701 - 775 - 8080

Full Name of Designated Agent MARGARET FISH

Mailing Address P.O. BOX 12112

GRAND FORKS ND 58208 - 2112

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number      -      -

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.

US BANK

Mailing Address

600 DeMERS AVE

GRAND FORKS ND 58201

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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