

NORTH DAKOTA



Right to Life
ASSOCIATION

RECEIVED
FEDERAL ELECTION COMMISSION

AUG 7 9 43 AM '94

514 N. Bth St., Suite 2 • P.O. Box 551 • Bismarck, ND 58502 • (701) 258-3811

August 4, 1994

Erica D. Holder
Reports Analyst
Federal Election Commission
999 E Street NW
Washington, DC 20463

Dear Erica,

On July 28, 1994, we received a letter from the Federal Election Commission stating that we were in violation of 2 U.S.C. 434(a) for failing to file the report for 1/1/94-3/31/94. We also received a second letter stating that we did not have a correct Statement of Organization filed.

Enclosed is a new Statement of Organization and the Quarterly Report from 1/1/94-3/31/94.

It was my understanding that the Statement of Organization had already been filed by Carol Long, the treasurer. We hope this will take care of both matters and if you have any questions, please call me at 701-258-3811.

Sincerely,

Nancy Mathena
Nancy Mathena
Assistant Treasurer
ND Right to Life Federal PAC

Enc.

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STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) ND Right to Life Federal PAC	2. DATE July 28, 1984
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 514 N 8th St. PO Box 551	3. FED. IDENTIFICATION NUMBER C00188417
(c) City, State and ZIP Code Bismarck ND 58502	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 _____ (name of candidate) and is NOT an authorized committee.
- (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
ND Right to Life Association	PO Box 551 Bismarck, ND 58502	Connected

Type of Connected Organization
 Corporation Corporation w/o 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
Assistant Treasurer		

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
Nancy Mathena	PO Box 551 Bismarck, ND 58502	Assistant Treasurer

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
Bank Center First	PO Box 2197 Bismarck, ND 58502

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	SIGNATURE OF TREASURER	DATE
Nancy Mathena, Asst. Treas.	<i>Nancy Mathena, Asst. Treas.</i>	08/04/1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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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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and/or DATE OF RECEIPT



PREPARER

8-8-94

DATE PREPARED

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