

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JACK NELSON-PALLMEYER FOR CONGRESS

ADDRESS (number and street)

1113 EAST FRANKLIN AVENUE



(Check if address
is changed)

SUITE #110

MINNEAPOLIS

MN

55404

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

volunteers@backjack2006.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.BackJack2006.org

COMMITTEE'S FAX NUMBER

2. DATE

02

20

2006

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

Winston Caver

Signature of Treasurer

Winston Caver

Date

02

20

2006

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 202-694-1100

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

JACK NELSON - PALLMAYER

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

MN

District

5

- (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

Jack Nelson - Palmeyer for Congress

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 DAVID ANDERSONMailing Address 3015-45TH AVENUE SOUTHMINNEAPOLIS MN 55406-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURERTelephone number 612-724-5736

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 WINSTON CAVERTMailing Address 2900-EAST 24TH STREETMINNEAPOLIS MN 55406-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURERTelephone number 612-722-7270

Full Name of Designated Agent

DAVID ANDERSONMailing Address 3015-45TH AVENUE SOUTHMINNEAPOLIS MN 55406-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASST (or CO-) TREASURERTelephone number 612-724-5736

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.

CITY-COUNTY FEDERAL CREDIT UNION

Mailing Address

(SOUTH CENTRAL BRANCH)

913 EAST FRANKLIN AVENUE

MINNEAPOLIS MN 55404-2918

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

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 PREPARER	3/2/06 DATE PREPARED
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