

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <u>MINNESOTA Campaign for Federal</u>	2. DATE <u>3/21/95</u>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <u>352 WACONDA Street</u>	3. FEC IDENTIFICATION NUMBER <u>C-00298521</u>
(c) City, State and ZIP Code <u>ST. Paul, MN 55101</u>	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 _____ and is NOT an authorized committee (Name of candidate)
- (d) This committee is a Subordinate committee of the Democratic 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.

State Party Account

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
MINNESOTA DEL - Dollars for Democrats / Federal Savings / DR General / STATE SAVINGS / LIMITED DEMOCRATIC FUND STATE'S UNITED DEMOCRATIC FUND FEDERAL MINNESOTA Campaign for State	352 Waconda Street ST Paul, MN 55101	Joint Venture
DEMOCRATIC SENATORIAL Campaign Committee	430 S. Capital St SE Washington DC 20003	

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
Richard Stafford	352 Waconda St ST Paul, MN 55101	Chair, MN DFC Party

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
Richard Stafford	352 Waconda St ST Paul, MN 55101	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
First Bank of Minnesota NA. 56 East 6th Street ST PAUL, MN 55101	

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 <u>Richard Stafford</u>	SIGNATURE OF TREASURER 	DATE <u>3/21/95</u>
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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.

**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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<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-4-95
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>MSJ.</i> PREPARER	4-7-95 DATE PREPARED