

RECEIVED
FEC MAIL ROOM

2000 NOV 28 A 10:37

ND Committee For Reform
10313 County Rd 17 S
Horace ND 58047

November 21, 2000

Federal Election Commission
999 E Street NW
Washington DC 20463

Dear Administrator,

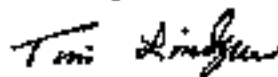
I am filing the following forms for a political action committee that opened business on September 1, 2000:

FEC 1
FEC FORM 3X (October 15 Quarterly Report)
FEC FORM 3X (October 23 Pre-Election Report)
"3" FEC FORM 3X Schedule E Reports (Due within 24 hours of expenditure)

I apologize for my tardiness in filing these reports. I have never previously participated as a political action committee and thus was unaware and unfamiliar with the reports required. Nonetheless, I have completed these reports accurately and according to the instructions for filing the reports with the exception of the timing of their filing.

I ask for your forgiveness and hope that this has not caused you extraordinary inconvenience.

Sincerely,



Tim Lindgren
Treasurer

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

2000 NOV 28 A 10:37

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; margin: 0;"><i>ND Committee For Reform</i></p>	2. DATE <p style="font-size: 1.2em; margin: 0;"><i>11-21-00</i></p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="font-size: 1.2em; margin: 0;"><i>1336 25th Ave S Ste 210</i></p>	3. FEC Identification Number
(c) City, State and ZIP Code <p style="font-size: 1.2em; margin: 0;"><i>Fargo ND 58103</i></p>	4. Is This Report 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, *Patri* 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.

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

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
<i>Timothy K Lindgren</i>	<i>10313 County Rd 175 Harace ND 58047</i>	<i>Treasurer</i>

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
<i>Same</i>		

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>First Int'l Bank + Trust</i>	<i>2001 25th St S Fargo ND 58103</i>

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 <p style="font-size: 1.2em; margin: 0;"><i>Timothy K Lindgren</i></p>	SIGNATURE OF TREASURER <p style="font-size: 1.2em; margin: 0;"><i>Timothy K Lindgren, Treasurer</i></p>	DATE <p style="font-size: 1.2em; margin: 0;"><i>11-21-00</i></p>
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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 800-424-9590
 Local 202-694-1100

DEC 05 2000

FEC FORM 1

(revised 4/87)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Nov 28 11 32 AM '00

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; margin-left: 20px;">N.D. Committee for Reform</p>	2. DATE <p style="font-size: 1.2em; margin-left: 20px;">9/6/00</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="font-size: 1.2em; margin-left: 20px;">1336 25 Ave S Ste 210</p>	3. FEC Identification Number
(c) City, State and ZIP Code <p style="font-size: 1.2em; margin-left: 20px;">Fargo ND 58103</p>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" 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 Pat Buchanan 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.

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

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
Timothy K Lindgren	10317 Cnty Rd 17 S, Horace ND 58047	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
Same Leta Stewart	16935-59 St SE, Walcott ND 58077	Asst. 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 International Bank & Trust	3001 - 25 St S Fargo ND 58103

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 <p style="font-size: 1.2em; margin-left: 20px;">Timothy K Lindgren</p>	SIGNATURE OF TREASURER <p style="font-size: 1.2em; margin-left: 20px;">Timothy K Lindgren</p>	DATE <p style="font-size: 1.2em; margin-left: 20px;">9/6/00</p>
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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 202-694-1100

FE9AN114PDF

FEC FORM 1

(revised 4/87)

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 11-24-02
<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
<input type="checkbox"/> Electronic Filing	
<i>Jmu</i> PREPARER	11-26-02 DATE PREPARED