

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 12 A 10 46

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Dorso for Congress Committee	2. DATE October 4, 1999
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) P.O. Box 1538	3. FEC Identification Number (to be assigned)
(c) City, State and ZIP Code Fargo, North Dakota 58107-1538	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 John Dorso	Candidate Party Affiliation Republican	Office Sought U.S. House	State/District ND at large
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(c) This committee supports/opposes only one candidate _____ 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 Michelle Larson	Mailing Address P.O. Box 1538 Fargo, North Dakota 58107	Title or Position Asst. Treasurer
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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 John T. Korsmo	Mailing Address P.O. Box 1538 Fargo, North Dakota 58107	Title or Position Treasurer
Michelle Larson	(see above)	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. US Bank North Dakota	Mailing Address and ZIP Code 505-2nd Avenue North, Fargo, ND 58102
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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 John T. Korsmo	SIGNATURE OF TREASURER 	DATE October 4, 1999
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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
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The Commission has added this page to the end of this filing to indicate how it was received.

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