

FEC
FORM 1STATEMENT OF
ORGANIZATION
 RECEIVED
 FEDERAL
 ELECTION COMMISSION

NOV -2 A 9:20

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FB4M5

 1. NAME OF COMMITTEE (in full) Association for Congress

ADDRESS (number and street)

(Check if address
is changed)
1601 N. 9th St.
14th St. S.W.
AL 56055

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

-

2. DATE

10/27/2004

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

NEW (N)

OR

X

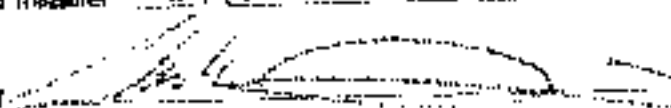
AMENDED (A)

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

Clark Frederickson

Signature of Treasurer



Date

10/27/2004

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
 T&A Proc. 800-426-9530
 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

GREGORY DENNIS MIKKELSON

Candidate
Party Affiliation

IND

Office
Sought☒ HOUSE

Senate

President

State

MI

District

01

(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 with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Mikkelsen 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

Kari Kim Gustafson

Mailing Address

15249 E. 221st LN.

LAKE CRISTAL

MN

56055

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

507-947-1349

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

CLARK NEAL FREDRIKSON

Mailing Address

3112 W. Highland Ave

Hennepin

MN

56001

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

507-286-1908

Full Name of Designated Agent

Kari Kim Gustafson

Mailing Address

15249 E. 221st LN.

Lake Crystal

MN

56055

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

507-947-1349

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, maintains safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Nellis Farga Bank

Mailing Address

200 E Hickory P.O. Box 168

Mankato MN 56002-0168

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.

☐ Hand Delivered	Date of Receipt
☒ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☒ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

JMS
 PREPARER
 (5/2004)

11-2-04
 DATE PREPARED