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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. 12P84M5

POMEROY FOR MINNESOTA CAMPAIGN

ADDRESS (number and street) 150 CHANCERY LANE (PO BOX 3483)

(Check if address is changed) MANKATO MN 56001-4149

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
LIZ@POMEROYFORMN.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)
POMEROYFORMN.ORG

COMMITTEE'S FAX NUMBER
507-388-7704

2. DATE 07 31 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) X

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 ELIZABETH A.W. KIPP

Signature of Treasurer Elizabeth A.W. Kipp Date 07 31 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8427g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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: LEIGH POMEROY

Candidate Party Affiliation	<u>DEM</u>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<u>NH</u>
						District	<u>01</u>

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: _____

- (d) This committee is a _____ (Federal, 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

POMEROY FOR MINNESOTA CAMPAIGN

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 MICHAEL MILLER

Mailing Address PO BOX 3483
MANKATO MN 56002 - 3483

Title or Position CAMPAIGN MANAGER CITY MANKATO STATE MN ZIP CODE 56002-3483

Telephone number 507 - 382 - 3344

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 ELIZABETH A. W. KIPP

Mailing Address PO BOX 3483
MANKATO MN 56002 - 3483

Title or Position TREASURER CITY MANKATO STATE MN ZIP CODE 56002-3483

Telephone number 507 - 387 - 4864

Full Name of Designated Agent MARGARETTA S. HANDKE

Mailing Address 150 CHANCERY LANE
MANKATO MN 56001 - 4149

Title or Position ASSISTANT TREASURER CITY MANKATO STATE MN ZIP CODE 56001-4149

Telephone number 507 - 388 - 4546

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:

MINNESOTA VALLEY FEDERAL CREDIT UNION

Mailing Address

PO BOX 4399

MANKATO MN 56002-4399

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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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SL</i> PREPARER (5/2004)	8-9-04 DATE PREPARED