FEC

Only

STATEMENT OF

RECEIVED

ORGANIZATION 2011 DCT 12 AM 11: 36 FORM 1 F.F. MAII CFONTE-FURE Only NAME OF (Check if name Example: If typing, type 12FE4M5 **COMMITTEE** (in full) over the lines. is changed) Parry for Congress **Box 188** ADDRESS (number and street) (Check if address ₁56093 is changed) aseca CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) mparry@hickorytech.net (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 10" / 7 " / 2011 DATE C **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR 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. Dale DeRaad Type or Print Name of Treasurer 10" ' 07" ' 2011 Date Signature of Treasurer 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009)

Toll Free 800-424-9530

Local 202-694-1100

Office

Sought:

Party Committee:

(National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

State

District

President

MN

01

Political Action Committee (PAC):

This committee is a

REP

e)	This o	committee is a separate segrega	ited fund. (Ic	lentify connected organization on li	ne 6.) Its coni	nected organization is	a:
		Corporation		Corporation w/o Capital Stock		Labor Organization	
		Membership Organization		Trade Association		Cooperative	
							

House

	In addition, this committee is a Lobbyist/Registraot PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politica committees/organizations, at least one of which is an authorized committee of a fadoral cardidate.
-----	--	---

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.				 L	_		L	\perp	 				 L	_			⊥		L	L	\perp	┙	_		FEC II	O number	C	,
2.		1		L					ل_	L			 1						L	L	1			ļ	FEC II	O number	C	,
3.	L	1	1		1		L	L		L	1	_	L					٠	L	L					FEC II	O number	C	,
4.	L	L			1						L		L	1	1	1	1			L	1	1	_	L	FEC II) number	С	,

(a)

(b)

Name of Candidate

Candidate

Candidate

Party Affiliation

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ө	
Parry for Congre	ess	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersi	hip PAC Sponsor
None		
		 -
Mailing Address		
Mailing Address		 -
		. _
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Tiolationship.	John Landing Hopissonian Landing	idorsinp i 70 oponosi
7. Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the person in pos	session of committee
books and records.		
Full Name Dale	DeRaad	1 1 1 1 1 1 1
Mailing Address	212 15th Ave NE	
·		
	Waseca MN 5609	3
Title or Position	CITY STATE	ZIP CODE
_i Treașurer	Telephone number [507] - [83	37, ₁₋₁ 9149 ,
	·	
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name Dale of Treasurer	DeRaad	
Mailing Address	212 15th Ave NE	
	Waseca MN 5609;	3
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 507 _ 83	37 9149

FEC Form 1 (F	Revised 02/2009)		Page 4
Full Name of Designated Agent		1 1 1 1 1 1	
Mailing Address	. [1_1_1_1_1_1	
	CITY	STATE	ZIP CODE
Title or Position		ne number	
safety deposit boxes o Name of Bank, Depos			
Mailing Address	220 E Elm Ave		
	Waşeça, , , , , , , , , , , , , , , , , , ,	MN	56093
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
ليا		<u> </u>	
Mailing Address	1		
	<u> </u>		

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):

DATE PREPARED

(3/2005)