

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>Jerry Janezick for U.S. Senate</i> | 2. DATE <i>12/4/00</i> |
| (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <i>Box 14738</i> | 3. FEC Identification Number <i>C00351767</i> |
| (c) City, State and ZIP Code <i>St Paul, MN 55114</i> | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

RECEIVED OF THE SENATE
6:00 PM 2:10

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 _____ 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.

| 8. 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 |
|-----------|-----------------|-------------------|
| | | |

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 |
|-----------|-----------------|-------------------|
| | | |

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>Midway National Bank</i> | <i>1578 University Ave. St Paul, MN 55104-3948</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 | SIGNATURE OF TREASURER | DATE |
|---|------------------------|----------------|
| <i>Frank Ongaro (assistant treasurer)</i> | <i>Frank Ongaro</i> | <i>12/4/00</i> |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION _____
Date of Receipt

FIRST CLASS MAIL 12/08/00
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK POSTMARK ILLEGIBLE

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS

Postmark and/or Date of Receipt

RD _____ 12/11/00
Preparer Date Prepared