

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 JUL 15 AM 11:35

FEC FILE CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MIKE BENSON FOR CONGRESS

ADDRESS (number and street)

3635 IRONWOOD CT SW

(Check if address is changed)

PO BOX 8332

ROCHESTER

CITY

MN

STATE

55903

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

MIKEBENSONFORCONGRESS@GMAIL.COM

Optional Second E-Mail Address

henson4rep@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

MIKEBENSONFORCONGRESS.ORG

2. DATE

07

11

2013

3. FEC IDENTIFICATION NUMBER

CH4MN01153

4. 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.

Type or Print Name of Treasurer

SUSAN G BENSON

Signature of Treasurer

Susan G Benson

Date

07

11

2013

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 Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

13031084821

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 MICHAEL (MIKE) BENSON

Candidate Party Affiliation  GOP Office Sought:  House  Senate  President State  MN District  01

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

Name of Candidate

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant 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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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.	<input type="text"/>	FEC ID number	<input checked="" type="checkbox"/> C <input type="text"/>
2.	<input type="text"/>	FEC ID number	<input checked="" type="checkbox"/> C <input type="text"/>
3.	<input type="text"/>	FEC ID number	<input checked="" type="checkbox"/> C <input type="text"/>
4.	<input type="text"/>	FEC ID number	<input checked="" type="checkbox"/> C <input type="text"/>

13031084822

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 SUSAN G BENSON

Mailing Address 3635 IRONWOOD CT SW - PO BOX 8332

[Empty grid lines for mailing address]

ROCHESTER MA 01503-8332

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 507-993-8785

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 SUSAN G BENSON

Mailing Address 3635 IRONWOOD CT SW - PO BOX 8332

[Empty grid lines for mailing address]

ROCHESTER MA 01503-8332

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 507-993-8785

13031084823

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

WELLS FARGO

Mailing Address

11701 GREENVIEW PL SW

[Empty grid for Mailing Address line 2]

ROCHESTER MN 55902

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

13031084824

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
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jm W*  
 PREPARER  
 (7/2013)

7/15/13  
 DATE PREPARED

13031084825