24038304826

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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. 12PEAMS

Peterson '86 Committee

ADDRESS (number and street) 26192 Floyd Lake Point Road

☐ (Check if address is changed)

Detroit Lakes | MN | 56501 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

218 - 844 - 6117

2. DATE 01 30 2004

3. FEC IDENTIFICATION NUMBER ▶ C 00199067

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.

Elliott A. Peterson

Type or Print Name of Treasurer

Signature of Treasurer Elliott A. Peterson Date 01 30 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				

FORWARD TO:

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
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) [X] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Collin C. Peterson

Candidate Party Affiliation: D

Office Sought: [X] House [ ] Senate [ ] President

State: MN

District: 07

(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 w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

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: Elliott A. Peterson

Mailing Address: 2230 Valley Grove Dr.

Murfreesboro | TN | 37128 | -

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position▼: Treasurer

Telephone number: 615 | -308 | -7797

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: Elliott A. Peterson

Mailing Address: 2230 Valley Grove Dr.

Murfreesboro | TN | 37128 | -

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position▼: Treasurer

Telephone number: 615 | -308 | -7797

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position▼:

Telephone number: | - | -

24038304829

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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Amp — PREPARER

2-15-19 — DATE PREPARED

(2/2004)