

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Curt Hohn for Congress</b>	2. DATE <b>2-18-2000</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>P.O. Box 294, 224 1/2 South Main</b>	3. FEC Identification Number _____
(c) City, State and ZIP Code <b>Aberdeen, South Dakota 57402</b>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

2000 APR 18 P 2:17

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<br><b>Curt Hohn</b> | Candidate Party Affiliation<br><b>Democrat</b> | Office Sought<br><b>U.S. House</b> | State/District<br><b>South Dakota</b> |
|---------------------------------------|--|------------------------------------|---------------------------------------|
- (c) This committee supports/opposes only one candidate Curt Hohn 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.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
None		

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 <b>George Piper</b>	Mailing Address <b>411 1/2 4th Ave SE, Aberdeen, SD 57401</b>
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**Assistant to the Treas.**  
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 <b>Paul E. Fischbach</b>	Mailing Address <b>38814 - 148th Street Mansfield, South Dakota 57460</b>	Title or Position <b>Treasurer</b>
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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. <b>Day County Bank</b>	Mailing Address and ZIP Code <b>P.O. Box 1454, 2201-6th Ave. SE Aberdeen, South Dakota 57402-1454</b>
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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 <b>Paul E. Fischbach</b>	SIGNATURE OF TREASURER <i>Paul E. Fischbach</i>	DATE <b>4-11-00</b>
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-694-1100

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**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-12-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

*ALB*  
PREPARER

4-18-00  
DATE PREPARED