

FEC FORM 1

STATEMENT OF ORGANIZATION

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2006 APR 17 A 8:20

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ERLANDSON FOR U.S. REPRESENTATIVE

ADDRESS (number and street)

P.O. BOX 14805

(Check if address is changed)

MINNEAPOLIS

MN

55414

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Campaign@erlandson.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.erlandson.org

COMMITTEE'S FAX NUMBER

-

2. DATE

04 / 05 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C

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

Karin Mantor

Signature of Treasurer

Karin Mantor

Date

04 / 05 / 2006

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.

Office Use Only

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

FEC FORM 1
(Revised 02/2003)

26039040963

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

Michael Erlandson

Candidate Party Affiliation

DFL

Office Sought:

House

Senate

President

State

MN

District

05

- (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

26039040964

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 Karin Mantor

Mailing Address 17326 - 530th Avenue

Wells MN 56097

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 507-553-5042

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 Karin Mantor

Mailing Address 17326 - 530th Avenue

Wells MN 56097

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 507-553-5042

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

Wells Fargo Bank Minnesota, N.A.

Mailing Address

7th and Moore

Blue Earth MN 56013

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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SA
PREPARER
 (3/2005)

4/17/06
DATE PREPARED

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