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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Date Filed Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

The Committee to Elect Denny Pierson to Congress

ADDRESS (number and street) PO Box 2002

(Check if address is changed)

Sioux Falls SD 57101-2002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

dennyforcongress@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

dennypiersonforcongress.org

2. DATE 03/30/2002

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 Linda Pierson

Signature of Treasurer Date

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.

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 Denny PIERSON

Candidate Party Affiliation DEM REP IND LIB OTH

Office Sought: House Senate President

State AK AL AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

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

Name of Candidate _____

- (d) This committee is a NAT (National, State or subordinate) committee of the DEM (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 Denny Pierson

Mailing Address PO BOX 2002

Sioux Falls SD 57101 - 2002

Title or Position Candidate CITY Sioux Falls STATE SD ZIP CODE 57101-2002

Telephone number 605 - 336 - 3838

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 Linda Pierson

Mailing Address 2020 S 1st Ave

Sioux Falls SD 57105 -

Title or Position Treasurer CITY Sioux Falls STATE SD ZIP CODE 57105

Telephone number 605 - 334 - 6040

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

First Federal Savings of the Midwest

Mailing Address

2500 S Minnesota Ave

Siox Falls SD 57105

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

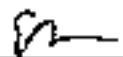
Mailing Address

CITY STATE ZIP CODE

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.

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