

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only
FEC MAIL CENTER

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

12FE4M5

Minnesota Gun Owners Political Action Committee

ADDRESS (number and street)

PO Box 131718

(Check if address is changed)

Saint Paul

MN

55113

0015

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

contact@mngopac.org

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://mngopac.org

(Check if address is changed)

2. DATE

01 / 05 / 2014

3. FEC IDENTIFICATION NUMBER

C 00550343

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

Bryan Strawser

Signature of Treasurer.

Date

01 / 05 / 2014

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 02/2009)

14031154017

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 _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____
 District _____

- (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.	_____	FEC ID number: C _____
2.	_____	FEC ID number: C _____
3.	_____	FEC ID number: C _____
4.	_____	FEC ID number: C _____

14031154018

Write or Type Committee Name

Minnesota Gun Owners Political Action Committee

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

None

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 Bryan Strawser

Mailing Address PO Box 131718

Saint Paul MN 55113-0015

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 612-424-4032

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 Bryan Strawser

Mailing Address PO Box 131718

Saint Paul MN 55113-0015

Title or Position Treasurer Telephone number 612-424-4032

14031154019

Full Name of Designated Agent

Mark Okern

Mailing Address

PO Box 131718

Saint Paul

MN

55113

0015

CITY

STATE

ZIP CODE

Title or Position

Chair & Asst. Treasurer

Telephone number

612

424

4032

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.

Stonebridge Bank

Mailing Address

1100 4th Street - Suite 100

Shakopee

MN

55379

8200

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031154020

14031154021

Minnesota Gun Owners
Political Action Committee

SAINT PAUL MN 55103
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 PREPARER

1/22/14
 DATE PREPARED

14031154022