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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Emmer for Congress PO Box 998 ADDRESS (number and street) (Check if address is changed) Anoka 55303 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@emmerforcongress.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.emmerforcongress.com (Check if address is changed) DATE 02 2014 C00545749 FEC IDENTIFICATION NUMBER > 3. X 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. Jennifer Marie Niska Type or Print Name of Treasurer Jennifer Marie Niska [Electronically Filed] 07 16 2015 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

|             | EEC <b>E</b> o        | 1 (Paying 02/2000)   | Page 2                                   |
|-------------|-----------------------|--|--|
|             |                       | om 1 (Revised 02/2009) OMMITTEE  | Page 2                                   |
|             |                       | e Committee:   |  |
| (a)         | X                     | 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. (Con information below.)   | nplete the candidate                     |
| Nam<br>Cand | e of<br>didate        | Thomas Earl Emmer Jr.  |  |
|             | didate<br>/ Affiliati | on REP Office Sought: X House Senate President   | State MN District 06                     |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Nam<br>Cand | e of<br>didate        |  |  |
| Par         | ty Con                | nmittee:   |  |
| (d)         |                       | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party. |
| Poli        | tical A               | ction Committee (PAC):   |  |
| (e)         |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-  | nnected 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 scommittee. (i.e., nonconnected committee)  | egregated fund or party                  |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|             |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |
| Join        | t Fund                | Iraising Representative:   |  |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political                     |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.        | vo or more political                     |
|             | Com                   | mittees Participating in Joint Fundraiser  |  |
|             | 1.                    | FEC ID number  |  |
|             | 2.                    | FEC ID number  |  |
|             | 3.                    | FEC ID number  |  |
|             | 4.                    |  |  |

| FEC Form 1 (Povice   | od 02/2000)   | <br>  Page <b>3</b>                   |
|--|---|---------------------------------------|
| FEC Form 1 (Revise Write or Type Committee Na                  |   | raye <b>3</b>                         |
| Emmer for Co   |   |                                       |
|  | of Organization, Affiliated Committee, Joint Fundraising Representa                           | ativo or Landarchia BAC Sponsor       |
|  |   | ative, of Leadership PAC Sportson     |
| EMMER VICTORY  | COMMITTEE   |                                       |
|  |   |                                       |
| Mailing Address  | 2470 DANIELS BRIDGE RD STE 121  |                                       |
|  |   |                                       |
|  | ATHENS GA   | 30606<br>                             |
|  | CITY STAT   | TE ZIP CODE                           |
| Relationship: Conne  | ected Organization Affiliated Committee X Joint Fundraising Repre                             | sentative Leadership PAC Sponsor      |
| <ul> <li>Custodian of Records: I books and records.</li> </ul> | Identify by name, address (phone number optional) and position of t                           | the person in possession of committee |
|  | er Marie Niska  |                                       |
| Full Name  | 5766 162nd Crossing NW  |                                       |
| Mailing Address  |   |                                       |
|  | A   | , , ,55303-4882 , ,                   |
|  | Anoka MN  | 33303-4662                            |
| Title or Position  | CITY STATE  | E ZIP CODE                            |
| Custodian of Records   | Telephone number  | 612 - 799 - 8917                      |
| 3. <b>Treasurer</b> : List the name any designated agent (e.c. | and address (phone number optional) of the treasurer of the comm<br>g., assistant treasurer). | nittee; and the name and address of   |
| I dii I diii o   | er Marie Niska  | ı                                     |
| of Treasurer   | J5766 162nd Crossing NW   |                                       |
| Mailing Address  | 37 30 102110 C10331119 1999   |                                       |
|  |   |                                       |
|  | Anoka   |                                       |
| Title or Position  | CITY STATE  | ZIP CODE                              |
| Treasurer  | Telephone number  | 612 799 8917                          |

| FEC Form 1 (R   | Revised 02/2009)   |                        | Page <b>4</b>      |
|---|--|------------------------|--------------------|
|   |  |                        |                    |
| Full Name of Designated Agent Jenr  | nifer Marie Niska  |                        |                    |
| Mailing Address   | 5766 162nd Crossing NW   |                        |                    |
|   |  |                        |                    |
|   | Anoka<br>CITY  | MN 55303-<br>STATE     | 4882<br>ZIP CODE   |
| Title or Position Custodian of Records  | Telephone numb   | er 612 - [             | 799 8917           |
|   |  |                        |                    |
| Banks or Other Depo<br>safety deposit boxes o   | ositories: List all banks or other depositories in which the committee or maintains funds.                           | e deposits funds, hole | ds accounts, rents |
|   | or maintains funds.  | e deposits funds, hol  | ds accounts, rents |
| safety deposit boxes o<br>Name of Bank, Deposi  | or maintains funds.  | e deposits funds, hole | ds accounts, rents |
| safety deposit boxes o<br>Name of Bank, Deposi  | or maintains funds.  | e deposits funds, hole | ds accounts, rents |
| safety deposit boxes of Name of Bank, Deposition  | or maintains funds. sitory, etc. st Virginia Community Bank  | e deposits funds, hole | ds accounts, rents |
| safety deposit boxes of Name of Bank, Deposition  | or maintains funds. sitory, etc. st Virginia Community Bank  | e deposits funds, hole | ds accounts, rents |
| safety deposit boxes of Name of Bank, Deposition  | or maintains funds. sitory, etc.  TST Virginia Community Bank  11325 Random Hills Road  Fairfax                      |                        | ds accounts, rents |
| safety deposit boxes of Name of Bank, Deposition  | or maintains funds. sitory, etc.  TST Virginia Community Bank  11325 Random Hills Road  Fairfax  CITY                | VA 22030               |                    |
| Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition                           | or maintains funds. sitory, etc.  TST Virginia Community Bank  11325 Random Hills Road  Fairfax  CITY                | VA 22030               |                    |
| Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition                           | or maintains funds.  Sitory, etc.  TST Virginia Community Bank  11325 Random Hills Road  Fairfax  CITY  Sitory, etc. | VA 22030               |                    |
| Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition  Name of Bank, Deposition | r maintains funds.  Sitory, etc.  St Virginia Community Bank  11325 Random Hills Road  Fairfax  CITY  Sitory, etc.   | VA 22030               |                    |
| Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition  Name of Bank, Deposition | r maintains funds.  Sitory, etc.  St Virginia Community Bank  11325 Random Hills Road  Fairfax  CITY  Sitory, etc.   | VA 22030               |                    |

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) 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. [ ADDITIONAL ] Name of Bank, Depository, etc. ı US Bank Mailing Address 55303 Anoka ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST PO BOX 30844 Mailing Address **BETHESDA** MD 20824 **CITY** ZIP CODE STATE 4 Relationship: Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı Wells Fargo Bank 7905 Wisconsin Avenue Mailing Address MD 1010 20814 Bethesda CITY 🗖 ZIP CODE ▲ STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPRISE PO BOX 30844 Mailing Address **BETHESDA** MD 20824 **CITY** ZIP CODE STATE 4 Relationship: Leadership PAC Sponsor Joint Fundraising Representative Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent Full Name** Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı ŞuņTruşt Bank PO Box 4418 Mailing Address 30302 GΑ Atlanta CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number