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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Seventh Congressional District Republican Party of Minnesota 1811 COUNTY HIGHWAY 111 ADDRESS (number and street) (Check if address is changed) FERGUS FALLS 56537 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS timnanson@gmail.com (Check if address is changed) Optional Second E-Mail Address CAB@hutchtel.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.mncd7gop.com (Check if address is changed) DATE 2019 C00380873 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. Nanson, Timothy, J,, Type or Print Name of Treasurer Nanson, Timothy, J,, [Electronically Filed] 02 2022 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

F	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
	PE OF COMMITTEE andidate 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 Cand						
Cand Party	lidate Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	ty Con	ommittee:  (National, State (Democratic,				
(d)	×	CLID ' '	(Democratic, 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-	nected organization is			
		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 se committee. (i.e., nonconnected committee)	gregated 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	raising Representative:				
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political			
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Na	ame				
Seventh Cong	ressional District Republican Party of M	innesota			
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor			
REPUBLICAN PAR	TY OF MINNESOTA				
Mailing Address	7400 Metro Blvd.  Suite 424				
	Minneapolis MN 5	5439 			
	CITY STATE	ZIP CODE			
Relationship: Connec	cted Organization 🗶 Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor			
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the persor	ı in possession of committee			
Nansor Full Name	n, Timothy, J, ,	<b>.</b>			
Mailing Address	1811 COUNTY HIGHWAY 111				
	FERGUS FALLS MN 15	66537			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	Telephone number 805				
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and j., assistant treasurer).	the name and address of			
Full Name Nanson, Timothy, J, , of Treasurer					
Mailing Address	1811 COUNTY HIGHWAY 111				
		6537			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	805 Telephone number	_ 908 _ 5694			

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Full Name of Designated Agent	Designated Nanson, Timothy, J, ,					
Mailing Address	1811 COUNTY HIGHWAY 111					
	FERGUS FALLS  CITY  STATE  ZIP	CODE				
Title or Position Treasurer	Telephone number 805 - 908					
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.						
	Bremer Bank					
Mailing Address	208 E. College Dr.					
	Marshall MN 56258					
	CITY STATE ZIF	P CODE				
Name of Bank, [	Depository, etc.					
Mailing Address						
	CITY STATE ZIF	P CODE				