Image# 201808219121506093				00/21/2010 10.40
FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 4 ——
			Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Third Congression	onal District Repu	ublican Party of N	<i>A</i> innesota	
ADDRESS (number and street)	PO 390722			
<ul><li>(Check if address is changed)</li></ul>				
	Edina └────────────────────────────────────		MN 5543 STATE ▲	<sup>39</sup> ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI				
(Check if address is changed)	john.kunitz@unisys.co	<b>m</b>		
is changed)	Optional Second E-Mail Ad treasurer@cd3mngc	dress pp.com		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DDRESS (URL) _cd3mngop.com			
	14 <sup>7</sup> 2016			
3. FEC IDENTIFICATION N	IUMBER ► C C	00626093		
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	t is true, correct and	complete.
Type or Print Name of Treasure	er Kunitz, John, W, Mr.,			
Signature of Treasurer	itz, John, W, Mr.,	[Electronically Filed]	Date 08	D D / Y Y Y Y 21 2018
NOTE: Submission of false, error		may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
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. (Com information below.)	nplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a SUB (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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)	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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
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	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Third Congressional District Republican Party of Minnesota

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

<b>N</b>				
L				
	Mailing Address			
		CITY	STATE	ZIP CODE
7			ndraising Representative	Leadership PAC Sponsor
/.	books and records.	entify by name, address (phone number optional) a	ind position of the person	The possession of commutee
	Kunitz, Jo	ohn, W, Mr.,		
	Full Name			
	Mailing Address	6441 Bretton Way		
		Chanhassen	MN 5	55317
	Title or Position	CITY	STATE	ZIP CODE
				EII OODE

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).

Telephone number

1

Full Name of Treasurer	Kunitz, John, W, Mr.,
Mailing Address	6441 Bretton Way
	Chanhassen
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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.

Breme			
Mailing Address	6900 France Ave. South		
	Edina	MN 55435	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE