

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2016 JUL -5 AM 8:00

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CD4-RPM, Republican Party of Minnesota

ADDRESS (number and street)

3425 McKnight Rd N

(Check if address
is changed)

White Bear Lake

MN

55110

5558

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

Chair@CD4-MNGOP.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

CD4-MNGOP.com

2. DATE

06 ' 30 ' 2016

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

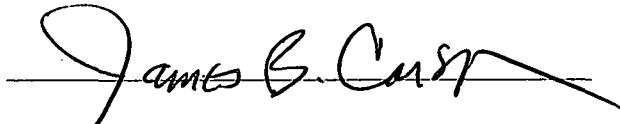
AMENDED (A)

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

James B Carson

Signature of Treasurer



Date

06 ' 30 ' 2016

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
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

2016 JUL -5 AM 8:00

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 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 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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

401067000120706101

Write or Type Committee Name

CD4-RPM, Republican Party of Minnesota

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

Republican Party of Minnesota

Mailing Address **2200 East Franklin Avenue, Suite 201**

Minneapolis **MN** **55404**

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 **James B Carson**

Mailing Address **3425 McKnight Rd N**

White Bear Lake **MN** **55110** - **5558**

Title or Position CITY STATE ZIP CODE

Chair Telephone number **651** - **773** - **0488**

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 **James B Carson**

Mailing Address **3425 McKnight Rd N**

White Bear Lake **MN** **55110** - **5558**

Title or Position CITY STATE ZIP CODE

Chair (Acting FEC Treasurer) Telephone number **651** - **773** - **0488**

2010-07-08 10:00 AM

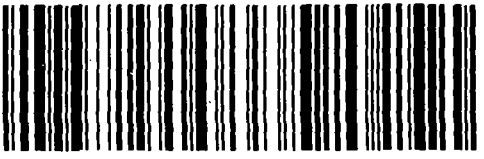
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* For international shipments, the maximum weight is 4 lbs.

EPI4H July 2013 Outer Dimension: 10 x 5

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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6/30/16

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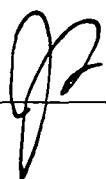
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Other (Specify): Date of Receipt or Postmarked

PREPARER
(3/2015)



7/5/16
DATE PREPARED

20160708 10:00:00 AM