Only

STATEMENT OF

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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. CD6 GOP FEDERAL COMMITTEE PO Box 663 ADDRESS (number and street) (Check if address is changed) Lino Lakes 55014 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chair@mncd6gop.com (Check if address X is changed) Optional Second E-Mail Address harryniska@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) mncd6gop.com (Check if address is changed) DATE 29 2020 C00550467 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. Niska, Harry, , , Type or Print Name of Treasurer Niska, Harry,,, [Electronically Filed] 01 29 2020 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

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
	COMMITTEE & 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee: (National, State	(Democratic
(d) x	This committee is a SUB (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Wo 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 secommittee. (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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, page fundraicing expanses and disburses not proceed for the	vo or more political
(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.	vo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

Write or Type Committee Name CD6 GOP FEDERAL COMMITTEE 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor EMMER VICTORY COMMITTEE 2470 DANIELS BRIDGE RD STE 121 Mailing Address CITY STATE ZIP CODE	FFC Form	1 (Revised 02/2009)	Page 3
CD6 GOP FEDERAL COMMITTEE 5. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor EMMER VICTORY COMMITTEE Mailing Address 2470 DANIELS BRIDGE RD STE 121 Mailing Address 2470 DANIELS BRIDGE RD STE 121 Mailing Address 2470 DANIELS BRIDGE RD STE 121 Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spon books and records. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Niska, Harry Full Name S766 162nd Xing NW Mailing Address Title or Position CITY STATE ZIP CODE 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 Niska, Harry Of Treasurer Mailing Address S766 162nd Xing NW Mailing Address CITY STATE ZIP CODE Talle or Position CITY STATE ZIP CODE Talle or Position CITY STATE ZIP CODE Talle or Position Totalsurer CITY STATE ZIP CODE Talle or Position Totalsurer CITY STATE ZIP CODE			. ago 🐱
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Mailing Address 2470 DANIELS BRIDGE RD STE 121 Mailing Address ATHENS GA 30606 CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spon Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Niska, Harry, ., Full Name Mailing Address Ramsey AMN 55303 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 Niska, Harry, ., Full Name Niska,	6. Name of Any C	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Mailing Address ATHENS CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spon Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Niska, Harry, Full Name Affiliated Committee X Joint Fundraising Representative Leadership PAC Spon MN 55303 Ramsey Title or Position CITY STATE ZIP CODE 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 Niska, Harry, for Treasurer Mailing Address Niska, Harry, for Treasurer Niska, Harry, STATE ZIP CODE Title or Position Title or Position Title or Position Treasurer STATE ZIP CODE STATE ZIP CODE Title or Position Treasurer STATE ZIP CODE	EMMER VICT	ORY COMMITTEE	
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Full Name Mailing Address Ramsey Ramsey Title or Position CITY STATE ZIP CODE 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 Niska, Harry, , of Treasurer Mailing Address Ramsey CITY STATE ZIP CODE Title or Position Title or Position Treasurer AND STATE ZIP CODE Title or Position Treasurer AND STATE ZIP CODE			in possession of committee
Ramsey Ramsey Title or Position CITY STATE ZIP CODE Treasurer Telephone number 612	Full Name	Niska, Harry, , ,	
Title or Position CITY STATE ZIP CODE Treasurer Telephone number Telephone num	Mailing Address	5766 162nd Xing NW	
Title or Position CITY STATE ZIP CODE Treasurer Telephone number Telephone num			
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 Niska, Harry, , of Treasurer Mailing Address S766 162nd Xing NW		Ramsey MN 55	303
Telephone number Telephone nu	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer). Full Name Niska, Harry, , , of Treasurer Mailing Address STATE ZIP CODE Title or Position Treasurer All 1 799 1 7458	Treasurer	Telephone number 612	- <u> 799</u> - <u> 7458</u>
of Treasurer Mailing Address 5766 162nd Xing NW	3. Treasurer: List the any designated a	ne name and address (phone number optional) of the treasurer of the committee; and t gent (e.g., assistant treasurer).	he name and address of
Ramsey CITY STATE ZIP CODE Title or Position Treasurer 612 1 799 1 7458		Niska, Harry, , ,	
CITY STATE ZIP CODE Title or Position Treasurer , 612 , 799 , 7458	Mailing Address	5766 162nd Xing NW	
CITY STATE ZIP CODE Title or Position Treasurer , 612 , 799 , 7458			
Title or Position , Treasurer , 612 , 799 , 7458			
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Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	<u> </u>	ne number	-
ıUS	Bank		
	Bank 800 Nicollet Mall		
Mailing Address		MN 554	102
	800 Nicollet Mall	MN 554	102
	800 Nicollet Mall	MN 554	JO2 ZIP CODE
	800 Nicollet Mall Minneapolis CITY		
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Mailing Address Name of Bank, Deposite	800 Nicollet Mall Minneapolis CITY		
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

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Mailing Address		<u> </u>				
Full Name						
Designated Agent: Identif	fy by name, add	dress (phone number – optic	nal)			
x Connecte	ed Organization	Affiliated Committee	Joint Fundraising	Representa	utive L	eadership PAC Spo
Relationship:		CITY 🛦	, , , , , , , ,	STATE A		ZIP CODE ▲
	MINNEAPO	PLIS		MN	55404	
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