

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Pam Myhra for Congress, Inc.

ADDRESS (number and street) P.O. Box 3113
 (Check if address is changed)
Burnsville MN 55337
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) marj@pam-myhra.com
Optional Second E-Mail Address
icso2423@ecenet.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) www.pam-myhra.com

2. DATE 10 / 10 / 2015

3. FEC IDENTIFICATION NUMBER ▶ C C00589267

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 Diane K Johnson

Signature of Treasurer Diane K Johnson [Electronically Filed] Date 01 / 11 / 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.

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 Pamela J Myhra

Candidate Party Affiliation REP Office Sought: House Senate President State MN District 02

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Pam Myhra for Congress, Inc.

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

NONE

Mailing Address

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 Marjorie Holsten

Mailing Address 9601 Annapolis Lane N

Maple Grove MN 55369

Title or Position CITY STATE ZIP CODE

Campaign Manager

Telephone number 612 963 8304

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 Diane K Johnson

Mailing Address 31840 Lakeway Dr NE

Cambridge MN 55008

Title or Position Treasurer

Telephone number 612 998 1048

Full Name of Designated Agent: Duane Herbranson

Mailing Address: 3401 Skyview Dr
Burnsville MN 55337
CITY STATE ZIP CODE

Title or Position: Assistant Treasurer
Telephone number: []-[]-[]

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.

TCF National Bank

Mailing Address: 1405 Xenium Lane N
Plymouth MN 55441
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

First Virginia Community Bank

Mailing Address: 11325 Random Hills Rd
Fairfax VA 22030
CITY STATE ZIP CODE