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	2012 AUG 13 AM 8: U9
Committee Name:	FEC MAIL CENTER
MINNESOTA HORSE ASSOCIATION	
If registered, FEC ID:	· · ·
Today's Date:	
08/08/2012	
Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimite	ed Contributions
To Whom It May Concern:	

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Nan	ne:	
Quie	Caramante	, Treasurer

12030873280

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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				OMICFIECOMAIL CENTE
NAME OF COMMITTEE (in full)	(Check if na is changed)	me Example:If typing, type over the lines.	12FE4M5	
MINNESOT	A HORSE ASS	OCIATION	1 1 1 1 1 1	
ADDRESS (number and st	reet)		1 1 1 1 1 1 1	
(Check if addressis changed)	ss Liili			
is changed)			ا ليا ل	
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL A	DDRESS (Please provide onl			
(Check if add		ışsociation@gmai	ı'cow''''	
is changed)				
COMMITTEE'S WEB PAG	GE ADDRESS (URL)			
Chook if addd		ahorseassociation	.tumblr.con	n
(Check if addr is changed)	ess Lilli			
2. DATE	/ TO / TY Y			
3. FEC IDENTIFICATI	ON NUMBER			
4. IS THIS STATEMEN	T NEW (N)	OR AMENDED (A)	
I certify that I have exam	nined this Statement and to t	he best of my knowledge and beli	ef it is true, correct a	and complete.
Type or Print Name of Tr	Julie Car	amante		
Signature of Treasurer	Quèie a	'aramante	Date 08	′ 08° ′ 2012
NOTE: Submission of false		rmation may subject the person sign DRMATION SHOULD BE REPORTE		ne penalties of 2 U.S.C. §437g.
Office Use Only		For further informati Federal Election Comm Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
	TYPE OF C	OMMITTEE	
	Candidate	Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate		
	Party Com	mittee:	magninum in 1 p is defent of a re- 1
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:
		Corporation Corporation w/o Capital Stock	-
			Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registraot PAC.	
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated 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	raising Representative:	
	(g) \square	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	two or more political
	(a)	committees/organizations, at least one of which is an authorized committee of a fedoral candidate	
((h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		*
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	2.	FEC ID number C	a same and
	3.		
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FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
	ORSE ASSOCIATION	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor
None		
Mailing Address		
		[-] [
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name Paule	a Bacon	
Mailing Address	1504 S. Houston Street	
Mailing Address		
	Kaufman 1751	42 11 1
		<u></u>
Title or Position	CITY STATE	ZIP CODE
Custodian of Re	cords Telephone number 972 - [8	824, -[1073 ,
8. Treasurer: List the name as any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	name and address of
Full Name of Treasurer	Caramante	
Mailing Address	1504 S. Houston Street	
		<u> </u>
		42
Title or Position	CITY STATE	ZIP CODE
Treasurer		766, _ [4040 ,]

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	Full Name of Designated	·Doule F				
	Agent	Paula E				
	Mailing Address		1504 S. Houston Street			
		l				
		I	Kaufman city		TX	ZIP CODE
	Title or Position Assistant T	reasurer		Telephone numb	_{er} 972	18241073
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.					
	լJPMorgan Chase Bank					
	Mailing Address		811 Preston Road			
		1				
			Dallas	لىبى	TΧ	[75525]
			CITY	!	STATE	ZIP CODE
	Name of Bank,	Depository, etc	.			
					111	
	Mailing Address			11111	1111	
					1111	
				لبب	ليا	<u></u>
			CITY	:	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):