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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 JUN 11 AM 11:31

,			ZUI3 Julie Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MEC MAIL CENTER			
EMMER FOR	C10 N16 R1E 515 1					
ADDRESS (number and street)	PIOISITI IDIFIFITI	CIEI BIOIXI 91918				
(Check if address is changed)						
	CITY A		[M ₁ N] [5,5,3,0,3]			
COMMITTEE'S E-MAIL ADDRI	ESS					
(Check if address is changed) TREASURER @EMMERFORGORISISISISISION						
	Optional Second E-Mail Add	ress -	,			
(Check if address is changed)		FIOIRICOINICIRIEIS	<u> </u>			
2. DATE 0 6 0	4 2013					
3. FEC IDENTIFICATION N	IUMBER ▶ C	to in the second				
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 Treasur	er Karin Ho	ousley				
Signature of Treasurer	Lavi Hous	ley	Date 06 84 2013			
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 Use		For further information of Federal Election Commission Toll Free 800-424-9530	EEL, EURW I			

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TYPE OF C	OMMITTEE					
Candidate	Committee:					
(a) X	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	THOMAS EARL EMMER JR					
Candidate	on REP Squaht: X House Senate President	State MN				
Party Affiliation	on KEP Sought: X House Senate President	District O (
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com	nmittee: (National, State	(Democratic,				
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.				
Political A	ction Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s 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 Fund	raising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Com	mittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3 .	FEC ID number C					
4						

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Write or Type Committee Name	•					
EMMER F	OR CONGRESS					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor						
	<u> </u>					
	<u> </u>					
Mailing Address						
	CITY STATE ZIF	CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor				
		· · · · · · · · · · · · · · · · · · ·				
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) and position of the person in posses	sion of committee				
Full Name						
Mailing Address						
		<u> </u>				
Title or Position	CITY STATE ZIP	CODE				
1	Telephone number	. !-! !				
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of				
Full Name of Treasurer	in Housley					
Mailing Address	28.7.7 Itasca: Ave S.					
•	Lakeland MN 5509					
Title or Position	CITY STATE ZIP	CODE				

Treasurev

Telephone number 6511-260-8995

9.

Full Name of Designated Agent	THOMAS EMMER JA	 				
Mailing Address	11190 HILDDEN HILLS	DRIVE				
	DIE LA NO CITY	MN STATE	155328			
Title or Position	DIAITE Telephone	number				
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.						
Mailing Address	<u> </u>					
•	<u> </u>					
		ليا ا				
	CITY	STATE	ZIP CODE			
Name of Bank,	Depository, etc.					
						
Mailing Address						
		لبا ل	<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** C/7/13 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): PREPARER DATE PREPARED

(3/2005)