FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		ANIZA See instructions)		V										
1. NAME OF	·	k if name		plo: If tupu	ing time	_	_		0	ffice use	only			
COMMITTEE (in			overi	ple: If typy he lines	ing, type		12F	E4M	5					
Robins Kaplar	PAC											ш		Ш
							ш			ш				Ш
ADDRESS (number and	street) 800 LaSal	le Ave.	1 1						1 1	1 1	1 1		ı	
(Check if addr	Suite 2800	)	1 1		1 1 1		1 1	1 1	1 1	1 1	1 1	ш	1	
is changed)	Minneapo	lis					Мі	٧	Ш	55	402	-L		Ш
		C	ITY_			9	STAT	E_		Ž	ZIP COI	DE 🔺		
COMMITTEE'S E-MA  bdmanning@r														
Januari inggr				Ш			ш							Ц
				ш			ш		ш	Ш				Щ
COMMITTEE'S WEB	PAGE ADDRESS (URL)													
							ш		ш	ш				Ш
							ш		ш	Ш	ш	ш		
COMMITTEE'S FAX N 6123394181	NUMBER													
2. DATE 0.7	08 / 20	<b>8 9</b>												
3. FEC IDENTIFICA	ATION NUMBER	С	C00	275909										
4. IS THIS STATEM	MENT X NEW (N)	OR		AMEN	IDED (A)									
I certify that I have exami	ned this Statement and to the I	oest of my knowle	edge and	belief it is t	rue, correc	ct and	compl	ete						
Type or Print Name of	Treasurer Mr. Br	uce David M	annin	g, Esq.										
Signature of Treasurer	Electronically Filed by	Mr. Bruce D	avid M	lanning,	Esq.	D	ate	<b>M</b>	<b>7</b>	D 0	<b>8</b> /	YYY	2 0 (	0 8 <sup>°</sup>
NOTE: Submission of fa	lse, erroneous, or incomplete in									of 2 U.	S.C. S4	37g.		
Office Use Only				For further Federal Ele Toll Free 80	ction Com 0-424-95	missic					FO FO			

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	FEC	Form 1 (Revised 12/2007)	Page 2
5.		COMMITTEE (Check One) 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 information below.)	the candidate
	Name of Candidate		
	Candidate Party Affilia	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 Com		
	(d)	(National, State  This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ad	etion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
		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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Cor	nmittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number	
		3. FEC ID number C	
		4. FEC ID number C	
		FEC ID number	

	FEC Form 1 (Revised 12	2/2007)			Page 3
W	rite or Type Committee Name				
	Robins Kaplan PAC				
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Leadership PAC Sponsor or Jo	oint Fundra	sing Representative
	NONE				
				1 1 1 1	
	Mailing Address				
				ا لــ	
		CITY	ST	ATE 🔔	ZIP CODE
	Relationship:				
	Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joi	nt Fundraising Representative
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phon books and records.	e number optional), and p	osition of t	he person in
	Full Name Mr. Bru	uce David Manning, Esq.			
	Mailing Address	800 LaSalle Ave	)		
		Suite 2800			
		Minneapolis		MN .	<u>55402</u>
	Title or Position ♥	CITY A	ST	ATE.	ZIP CODE A
	Treasurer		Telephone number	612	349 8500
8.	name and address of any	and address (phone number designated agent (e.g., assist		the comm	nittee; and the
	<u></u>	800 LaSalle Avo	e		
	Mailing Address	Suite 2800	-		
		Minneapolis		MN	55402
	Title or Position ♥	CITY A	SI	TATE <b>A</b>	ZIP CODE A
	Treasurer		Telephone number	612	_ 349 _ 8500

,	evised 12/2007)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Tele	phone number	
9. Banks or Other Deposafety deposit boxes of Name of Banks Deposit.  Name of Banks Deposit.	or maintains funds.	committee deposits funds, ho	lds accounts, rents
Name of Bank, Depos			
L	US Bank, N.A.		
Mailing Address	US Bank, N.A.		
L	US Bank, N.A.  800 Nicollet Mall		55402
L	US Bank, N.A.  800 Nicollet Mall  Minneapolis		55402
L	US Bank, N.A.  800 Nicollet Mall  Minneapolis  CITY	MN STATE △	55402 ZIP CODE
Mailing Address	US Bank, N.A.  800 Nicollet Mall  Minneapolis  CITY		
Mailing Address	US Bank, N.A.  800 Nicollet Mall  Minneapolis  CITY	STATE 4	ZIP CODE 🛕
Mailing Address  Name of Bank, Depos	Bank, N.A.  800 Nicollet Mall  Minneapolis  CITY   citory, etc.	STATE 4	ZIP CODE Δ
Mailing Address  Name of Bank, Depos	Bank, N.A.  800 Nicollet Mall  Minneapolis  CITY   citory, etc.	STATE 4	ZIP CODE _