

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2012 APR 12 AM 8:52  
FEC MAIL CENTER  
Office Use Only

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

12FE4M5

OBERMUELLER FOR CONGRESS

ADDRESS (number and street)

3874 DANBURY TRL

☐ (Check if address is changed)

EAGAN

MN

55123-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

MIKE@MIKEOBERMUELLER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

WWW.OBERMUELLERFORCONGRESS.COM

2. DATE

04 / 06 / 2012

3. FEC IDENTIFICATION NUMBER

C

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

Michael E. Obermueller

Signature of Treasurer



Date

04 / 06 / 2012

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  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

12030771540

## 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

MIKE OBERMUELLER

Candidate  
Party Affiliation

DEM

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

12030771541

Write or Type Committee Name

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

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

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 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

MICHAEL E OBERMUELLER

Mailing Address

3874 DANBURY TRL

EAGAN

CITY

MN

STATE

55123

ZIP CODE

Title or Position

TREASURER

Telephone number

651-331-1125

12030771542

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

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.

HOME FEDERAL SAVINGS BANK

Mailing Address

1016 CIVIC CENTER DRIVE NW

ROCHESTER

MN

55901

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030771543

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.

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<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

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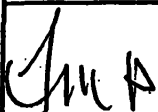
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER  
(3/2005)

4/12/12  
DATE PREPARED

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