PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Big Tent Republicans PAC 1621 Central Ave ADDRESS (number and street) (Check if address is changed) cheyenne 82001 WY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS antonrr@gmail.com (Check if address is changed) Optional Second E-Mail Address kerstin316@comcast.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00683854 FEC IDENTIFICATION NUMBER > 3. 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. Schulz, Kerstin, , , Type or Print Name of Treasurer Schulz, Kerstin, , , [Electronically Filed] 07 26 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPE	E OF C	OMMITTEE	1 ago 2				
Can	didate	lidate 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 Cand							
	lidate Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Parl	y Con	nmittee:	(D				
(d)		· · · · ·	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (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.)					
Join	t Fund	Iraising 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.	vo 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.	o or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

1		
FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		
Big Tent Repub	licans PAC	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Big Tent Republicans		
Mailing Address	1621 Central Ave	
ag / taal eee		
	Cheyenne WY 82001	
	CITY STATE 2	ZIP CODE
Relationship: X Connected	I Organization	dership PAC Sponsor
Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in poss	session of committee
Schulz, Ke	erstin, , ,	
Full Name	,316 4th Street NE	
Mailing Address	310 4th Street NE	
	Osseo MN 55369	
Title or Position	CITY STATE Z	ZIP CODE
1	Telephone number	. -
	iolophone nambel.	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	ne and address of
Full Name Schulz, Ke	rstin, , ,	
of Treasurer		
Mailing Address	316 4th Street NE	
	Osseo MN 55369	
Title or Position	CITY STATE Z	IP CODE
	Telephone number	

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Lazzaro, Anton, , ,	
Mailing Address	465 Nicollet Mall	
	#801 #	
	Minneapolis CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	BMO Harris Bank 50 South 6th Street #200 Minneapolis MN 55402	
	CITY STATE :	ZIP CODE
Name of Bank,		
Mailing Address		