## FEC FORM 1

2019:07:16:03:00284720

## STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
7, THI CONGRE	SISILIOIN AL IDI	STRUGT REP	UBLIGAN PARTY			
OF MINNESSO	71A	<u> </u>				
ADDRESS (number and street)	1142 DAVI	DIDRIVE				
(Check if address is changed)						
	MARSHALL CITYA		MIN 56258-3406 STATE ▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	:SS		•			
(Check if address is changed)	SturrockD	Eegmai 1, co	<u></u>			
, ,	Optional Second E-Mail Add	dress tellingt				
COMMITTEE'S WEB PAGE AD	DRESS' (URL)					
(Check if address is changed)	WWW. Mncd,7	190p. Com				
		<u> </u>				
2. DATE 0.7. 10 2019.						
3. FEC IDENTIFICATION NUMBER ▶ C 00380873						
4 IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	•			
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasure	DAVID E:	STURROCK				
Signature of Treasurer	1/2/31		Date 07 10 2019			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	PEL ELIBRIA			

5.

		COMMITTEE				
Can	didate	e Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(p)	: '	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cano	e of didate					
	lidate Affiliati	Office — State on Sought: House Senate President District				
(c)	3 % ***	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	v Con	nmittee:				
(d)	X	This committee is a SUB (National, State or subordinate) committee of the REP (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 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	Funa	raising 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.				
þ)		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.				
	Com	nittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.	FEC ID number C				

e		
Organization, Affiliated Committee, Join	t Fundraising Representative,	or Leadership PAC Sponsor
PARTY OF MUNN	E 50 (74	
7400 METRO BL	VAI, ISUNTE	1412141 1 1 1 1
EDINA	M M	55439-
CITY	STATE	ZIP CODE
d Organization XAffiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponsor
		······································
ntify by name, address (phone number	optional) and position of the pe	erson in possession of committee
DE STURROCK		
MARSHALL	[MIN]	56258-13406
CITY	STATE	ZIP CODE
	Telephone number	27-8-28-17565. DES
d address (phone number optional) of t assistant treasurer).	he treasurer of the committee;	and the name and address of
	11111111	
LIII KARITI		
1. Came		111111111
CITY	STATE	ZIP CODE
	Organization, Affiliated Committee, Join  PARTY OF MINN  THOO METRO BL  CITY  d Organization XAffiliated Committee  httify by name, address (phone number  IN E. STURROCK  MARISHALL  CITY  d address (phone number optional) of the issistant treasurer).	Diganization, Affiliated Committee, Joint Fundraising Representative,  PARTY OF MINNESOTA INTE

CITY

Name of Bank, Depository, etc.

STATE

ZIP CODE

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## Via E-Mail

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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USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
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Next Busines	s Day Delivery				
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				
Other (Specify): Email Date of R	eceipt or Postmarked				
PREPARER (2/2015)	7/16/19 DATE PREPARED				
(3/2015)	•				