2019-07-11-05-00282855

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
7, T, H, CON, G, RE	5,5,1,0,NA,L,D	USITIRTIST REP	UBLILGAN PARTY
OF MINNESSO	71A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ADDRESS (number and street)	11142 DAV	11D DRIVE	<u> </u>
(Check if address is changed)			
	MARSHALL CITYA		MN
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	Sturrock	DEegmai 11.co	1 <mark>M</mark> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Optional Second E-Mail A		
COMMITTEE'S WEB PAGE ADI	DRESS: (URL)	·	
(Check If address is changed)	WWW. Mncd	7,9,0,p,,c,0,m,,	
	<u> </u>		<u> </u>
2. DATE 0.7	0. 2019		
3. FEC IDENTIFICATION NU	IMBER ► C	00380873	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the bes	st of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	DAVID E.	STURPOEK	
Signature of Treasurer	1/2/2	<u></u>	Date 0.7 10 2019
NOTE: Submission of false, errone		n may subject the person signing t	this Statement to the penalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ontact: EEC FORM 1

5.

		1 (
TYP	E OF C	OMMITTEE				
Car	ndidate	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.)				
Nam Can	e of didate	<u> </u>				
	didate / Affiliati	Office — State on Sought: House Senate President District				
(c)	1.	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cano	e of fidate					
Pan	ty 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	Fund	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.					
	2.					
	-					
	3.	FEC ID number C				
	4.	FEC ID number C				

٧	Write or Type Committee Name				
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Repr	resentative, o	r Leadership PAC Sponsor	
B	REPUBLICIAN	PARTY OF MUNNESOMAL	***************************************		
L			1		
	Mailing Address	7400 METRO BLVD., 15	UITE	141214111111	
`					
		EDINA	M N	55439-	
		СПУ	STATE	ZIP CODE	
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising	Representativ	ve Leadership PAC Sponsor	
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position	on of the per	son in possession of committee	
	Full Name	DE STURROCK	1111		
	Mailing Address	11/42 DAVID DRIVE		لنبيبيا	
	·				
		MARSHALL	MN	56258-13406	
	Title or Position	CITY	STATE	ZIP CODE	
	TREASURER	Telephone, num	ber <u>Sio</u>	71-18-28-17565. BES	
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; a	nd the name and address of	
	Full Name of Treasurer	111111111111111111111111111111111111111	1 1 1 1	<u></u>	
	Mailing Address	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.1.1.1.		
		L. CAM	1111		
			لــا	<u> </u>	
	Title or Position	CITY	STATE	ZIP CODE	
		Telephone numb	per L	<u> </u>	

9.

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Full Name of Designated Agent		i 1 1 1 1		
Mailing Address	L. SAME	1,1		
	CITY	STATE	ZIP CODE	
Title or Position	Telephoné r	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.				
BRE	MER BANK			
Mailing Address	208 E. COLLEGE ARI	VE		
			11111111	
	MARSHALL	MN	56258-	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
			<u> </u>	
Mailing Address				
•				
	CITY	STATE	ZIP CODE	

Via E-Mail

2019 - 07 - 11 - 0K - 00282860

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indica	te how it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
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
Date of the document preceding this page was received by FAX at the FAX Machine has printed at the bottom of each page the date phone number of the transmitting machine and the sequential	e and time of receipt, the
N/A PREPARER SPW	7/10/19 N/Á DATE PREPARED

(8/2013)