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Federal Election Commission  
999 E Street NW  
Washington, D.C. 20463

September 8, 2010

To Whom It May Concern:

**Subject: New officers for Taxpayers League of Minnesota Liberty Fund (C00339473)**

As of September 8, 2010, the Taxpayers League of Minnesota Liberty Fund has new officers:

The **president**, effective September 8, 2010, is:

Phil Krinkie  
4471 Harbor Place Drive  
Shoreview, Minnesota 55126

The **treasurer and custodian of records**, effective September 8, 2010, is:

Torin Kelly  
214 East 4<sup>th</sup> Street  
Unit #203  
Saint Paul, Minnesota 55101

All previously registered officers of the organization, unless identified in the attached FEC Form 1 (dated September 8, 2010), are no longer affiliated with the Taxpayers League of Minnesota Liberty Fund.

All assets of the organization have been transferred to the above named officers. Responsibility for organizational management and compliance, effective September 8, 2010, resides solely with the above named officers.

Sincerely,

**Phil Krinkie**  
President  
Taxpayers League of Minnesota Liberty Fund

Sept. 8, 2010  
Date

**Torin Kelly**  
Treasurer and custodian of records  
Taxpayers League of Minnesota Liberty Fund

Sept. 8, 2010  
Date

**Nicholas Truso**  
Former treasurer  
Taxpayers League of Minnesota Liberty Fund

SEPTEMBER 8, 2010  
Date

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FEC  
FORM 1

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

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

ADDRESS (number and street)

PO BOX 130353

(Check if address  
is changed)

SAINT PAUL

MIN

55113-0003

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

09

08

2010

3. FEC IDENTIFICATION NUMBER

C00339473

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

TORIN KELLY

Signature of Treasurer

Date

09

08

2010

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  
Use  
Only

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

FEC FORM 1  
(Revised 02/2009)

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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 \_\_\_\_\_

Candidate Party Affiliation  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 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	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____

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Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

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

TAXPAYERS LEAGUE OF MINNESOTA

Mailing Address

1402 CONCORDIA AVENUE
SAINT PAUL MN 55104-5309
CITY STATE ZIP CODE

Relationship: [ ] Connected Organization [X] 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 TORIN KELLY
Mailing Address 214 EAST 4TH STREET
UNIT #203
SAINT PAUL MN 55101-
CITY STATE ZIP CODE
TREASURER 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 TORIN KELLY
Mailing Address 214 EAST 4TH STREET
UNIT #203
SAINT PAUL MN 55101-
CITY STATE ZIP CODE
TREASURER Telephone number

10030422936

Full Name of Designated Agent

PHIL KRINKIE

Mailing Address

4471 HARBOR PLACE DRIVE

SHOREVIEW MN 55126-

CITY

STATE

ZIP CODE

Title or Position

PRESIDENT

Telephone number

651-481-8355

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.

NONE (AT SEPTEMBER 8, 2010)

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

NONE (AT SEPTEMBER 8, 2010)

Mailing Address

CITY

STATE

ZIP CODE

10030422937

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"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked <i>9/18/10</i>
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMW*  
 PREPARER

*9/15/10*  
 DATE PREPARED