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| FEC FORM 1 | | | | NT OF ATION | | | | O#ioo Hoo | Only | • |
|---|------------------|-----------------------------|-------------|---------------------|---------------|------------|----------|------------|--------------------|--------------|
| 1. NAME OF | · full\ | (Check i | | Example: If typi | ng, type | 12FE | | Office Use | Only | |
| COMMITTEE (in | · | Republic | | over the lines. | d k | | | | | |
| ADDRESS (number at (Check if a is changed | address | 5000 W 109th St | reet | | | MN | | 5437 | | |
| | | CITY ▲ | | | | STATE | A | | ZIP COD | Œ▲ |
| COMMITTEE'S E-MA | AL ADDRES | | | | | | | | | |
| (Check if a is changed | | connect@mr | nyrvictory. | .com | | | | | | |
| | | Optional Second | I E-Mail Ad | dress | | | | | | |
| COMMITTEE'S WEB (Check if a is changed | address | PRESS (URL) www.mnyrvictory | .com | | | | | | | |
| 2. DATE 07 | | 2020 | Y | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ | C c | 00753194 | | | | | | |
| 4. IS THIS STATEM | MENT | NEW (N) | OR | x AMEN | IDED (A) | | | | | |
| I certify that I have e | examined thi | is Statement and | to the best | of my knowledge | and belief it | is true, o | orrect a | nd comp | lete. | |
| Type or Print Name | of Treasurer | Pouliot, Alex, , M | lr., | | | | | | | |
| Signature of Treasure | er <i>Poulio</i> | t, Alex, , Mr., | | [Electronica | lly Filed] | Date | M M M | 28 | D / Y | 2022 |
| NOTE: Submission of | false, errone | | | may subject the per | | | | ie penalti | es of 52 U | .S.C. §30109 |
| Office Use Only | | | | | | | | | FORN sed 06/201 | |

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|--|---|
| . TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate information | on below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign commit information below.) | tee. (Complete the candidate |
| Name of Candidate | |
| Candidate Party Affiliation Office Sought: House Senate | State President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized com | |
| 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 | e 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 se committee. (i.e., nonconnected committee) | eparate segregated 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. |) |
| (g) This committee is an independent expenditure-only political committee (Super PAC). | |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (h) This committee is a political committee with both contribution and non-contribution accounts and the contribution and the contribut | counts (Hybrid PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint Fundraising Representative: | |
| (i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a feder | • |
| (j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand | · |
| Committees Participating in Joint Fundraiser | |
| 1. [| C |
| | C |

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|----|--|--|-----------------------|-------------------|-----------------------|--|--|
| ۷ | Vrite or Type Committee Name | , | | | | | |
| | Minnesota You | ung Republicans Victory | Fund | | | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Mailing Address | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | CITY ▲ | SI | TATE ▲ | ZIP CODE ▲ | | |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising Re | epresentative | Leadership PAC Sponso | | |
| | _ | | | | | | |
| 7. | Custodian of Records: Iden books and records. | tify by name, address (phone number optional | l) and position of th | ne person in poss | ession of committee | | |
| | Bicott, Zav | ier, , Mr., | | | | | |
| | Full Name | | | | | | |
| | Mailing Address | 5000 109th St W | | | | | |
| | | | | | | | |
| | | Bloomington | | MN 5543 | 87 | | |
| | | CITY ▲ | SI | TATE ▲ | ZIP CODE ▲ | | |
| | Title or Position ▼ | | | | | | |
| | Chair | | Telephone numbe | 952 – | 270 - 7277 | | |
| 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 Pouliot, Ale | ex, , Mr., | | | | | |
| | of Treasurer | | | | | | |
| | Mailing Address | 1130 Randolph Ave | | | | | |
| | | Apt 1 | | | | | |
| | | St Paul | | MN 5510 | 05 | | |
| | Title or Position ▼ | CITY ▲ | SI | ΓATE ▲ | ZIP CODE ▲ | | |
| | THE OFFOSIDOT • | | | | | | |
| | | | Telephone numbe | r | | | |

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|--------------------------------------|---|----------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Telephone number | |
| Banks or Other safety deposit box | Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. | olds accounts, rents |
| Name of Bank, D | pepository, etc. | |
| | US Bank | |
| Mailing Address | 7001 France Ave S | |
| | | |
| | Edina MN 5543 | 5 |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |