FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	OKGAN		F	EC MAIL CENTER
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	ne Example:If typing, type over the lines.	12FE4M5	
Viking Lea	adership PAC		1111	
ADDRESS (number a	PO BOX 4	616		
(Check if ac is changed)			MN	55101
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	address	one e-mail address) gleadershippac.cor	n	
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if is change				
2. DATE	17° 2014			
3. FEC IDENTIFIC	CATION NUMBER	Service services and the services of the servi		
4. IS THIS STATE	MENT NEW (N) C	OR AMENDED (A)		
I certify that I have o	examined this Statement and to the	e best of my knowledge and belief it	is true, correc	t and complete.
Type or Print Name	of Treasurer Michael	Weidner		
Signature of Treasure	" aroffe	-sh_	Date 0€	5] ' <u>17</u> ' <u>2014. </u>
NOTE: Submission of		nation may subject the person signing the RMATION SHOULD BE REPORTED WI		
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.			COMMITTEE	
	Can	didate	e Committae:	
	(a)	Ш	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 information below.)	the candidate
	Name Cand			<u> </u>
	Cand Party	idate Affiliati	tion Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Con	mmittee:	_
	(d)			ocratic, blican, etc.) Party.
	Polit	tical A	Action Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a
			Corporation Corporation w/o Capital Stock Lab	or Organization
			Membership Organization Trade Association Coc	perativo
			In addition, this committee is a Lobbyist/Registrant PAC.	perduve
	6 0			ated fund or north
	(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., noncommetted committee)	ited fully 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 Func	draising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
		Com	nmittees Participating in Joint Fundraiser	
		1.		
		2.		
		3.	FEC ID number	
		4.	FEC ID number	

	FEC FUIII I (Reviseu	32/2009)			Fage 3
٧	rite or Type Committee Name)			
\	/iking Leaders	ship PAC			
6.	Name of Any Connected (Organization, Affiliated Committee, Joint F	undraising Repr	esentative, o	Leadership PAC Sponsor
, E	mmer for Con	Tracci i i i i i i i i i i i i i i i i i i			
L		<u> 31499 </u>		<u> </u>	
L					
	Mailing Address	[PO BOX 998		1 1 1.	
		[Anoka		MN	55303
		CITY		STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising	Representativ	ve Leadership PAC Sponsor.
	Technical Property of the Control of	Jorganization	John Fundraising	rop, osomau	C Casadaramp (710 openios)
 7.	Custodian of Pacords: Ide	ntify by name, address (phone number op	tional) and nocition	on of the ner	son in nossession of committee
••	books and records.	any by Hame, address (priorie Hamber - op	dional, and positi	or or the perc	on in possession of committee
	Mich	ael Weidner			
	Full Name		<u> </u>	1 1 1 1	
	Mailing Address	4660 Slater Road	<u> </u>		
		Suite 128		1 1 1	
		Eagan		MN	55122 4048
	Title or Position	CITY		STATE	ZIP CODE
	·Custodian of Box	oordo .		.050	
	Custodian of Rec	olds	Telephone num	_{ber} [952	2 [484 [745,1 , _]
	Transurary List the name on	d address (phone number optional) of the	trassurar of tha	committee: a	nd the name and address of
8.	any designated agent (e.g.,		i deasurer or the	committee, a	nd the name and address of
	Full Name Mich	ael Weidner			ı
	of Treasurer			<u> </u>	
	Mailing Address	4660 Slater Road	<u> </u>		
		Suite 128			
		Eagan		MN	55122 - 4048
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone num	_{ber} [952	484 _ 7451 ,
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