Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Moore Holding Co. PAC (dba Moore PAC) 444 Sheyenne Street ADDRESS (number and street) (Check if address Suite 301 is changed) West Fargo 58078 ND CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS shane.waslaski@mooreholdingco.com (Check if address is changed) Optional Second E-Mail Address dwasp@locklaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00827808 FEC IDENTIFICATION NUMBER 3. 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. Bucholz, Kevin, , , Type or Print Name of Treasurer Bucholz, Kevin, , , [Electronically Filed] Date 2022 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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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 pri information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Office Party Affiliation Sought: House	Senate President 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	(Democratic, ee of the Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connection)	ected organization on line 6.) Its connected organization is a					
Corporation Corporation w	/o Capital Stock Labor Organization					
Membership Organization Trade Associa	tion Cooperative					
In addition, this committee is a Lobbyist/Registrant	PAC.					
(f) This committee supports/opposes more than one Federal can committee. (i.e., nonconnected committee)	didate, and is NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant	PAC.					
In addition, this committee is a Leadership PAC. (Id	entify 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 (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant	PAC.					
Joint Fundraising Representative:						
(1)	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.					
(j) 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.	C					
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٧	Vrite or Type Committee Name				
		Co. PAC (dba Moore PAC)			
6.	Name of Any Connected On Moore Holding Comp	ganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Lea	dership PAC Sponsor	
	Mailing Address	444 Sheyenne Street			
	J	Ste 301			
		West Fargo	ND 580		
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization Joint Fo	undraising Representative	Leadership PAC Sponso	
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and	position of the person in poss	session of committee	
	Asp, David,	, ,			
	Full Name				
	Mailing Address	100 Washington Avenue South			
		Suite 2200			
		Minneapolis	MN 554	01 -   -	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	Attorney	Teleph	none number 612	- 339 - 6900	
8.	<b>Treasurer:</b> 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 Bucholz, Ke	evin, , ,			
	of Treasurer				
	Mailing Address	444 Sheyenne Street			
		Suite 301			
		West Fargo	ND 580	178 	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
		Teleph	none number 701 -	- 282 - 4692	

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Full Na	ame of	(1.67.602 02.2007)				
Agent	idiod					
Mailing	g Address					
Title or	r Position v		STATE ▲	ZIP CODE ▲		
		Telephone num	ber			
		Depositories: List all banks or other depositories in which the committee ces or maintains funds.	e deposits fu	unds, holds accounts, rents		
Name (	of Bank, D	epository, etc.				
		US Bank				
Mailing	Address	800 Nicollet Mall				
		Suite 800	1 1 1 1			
		Minneapolis	MN	55402		
		CITY A	STATE A	ZIP CODE ▲		
Name of Bank, Depository, etc.						
Mailing	Address					
		CITY A	STATE A	ZIP CODE ▲		