

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL NIRON MAGNETICS PAC		2. FEC IDENTIFICATION NUMBER C00878694
(b) Number and Street Address 650 TAFT STREET NE SUITE 400		
(c) City, State and ZIP Code MINNEAPOLIS MN 55413		3. TYPE OF COMMITTEE (check one) ☐ STATE PARTY ☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**
(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	EMMER, THOMAS EARL JR., , ,	House	MN 06	06/30/2025
(ii)	FINSTAD, BRAD, , ,	House	MN 01	06/30/2025
(iii)	FISCHBACH, MICHELLE, , ,	House	MN 07	06/30/2025
(iv)	RESCHENTHALER, GUY MR., , ,	House	PA 14	06/30/2025
(v)	MCCOLLUM, BETTY, , ,	House	MN 04	06/30/2025

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 01/14/2026 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 05/13/2024 .

(d) **Qualification:** The committee met the above requirements on: 01/14/2026 .

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 Larson, John, , ,	SIGNATURE OF TREASURER Larson, John, , ,	DATE 02/02/2026
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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.