

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

Cravaack for Congress Campaign Committee

ADDRESS (number and street) P.O. Box 40040

(Check if address is changed)

St Paul MN 55104
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) chip@votechip.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) http://www.votechip.org

2. DATE 10 / 15 / 2012

3. FEC IDENTIFICATION NUMBER ► C C00475632

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 Ted Lovdahl

Signature of Treasurer Ted Lovdahl [Electronically Filed] Date 10 / 15 / 2012

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.

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 Raymond Cravaack

Candidate Party Affiliation REP Office Sought: House Senate President State MN District 08

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Cravaack for Congress Campaign Committee

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

Patriot Day IV

Mailing Address 228 S Washington St
 Suite 115
 Alexandria VA 22314
 CITY STATE ZIP CODE

Relationship: Connected Organization 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 Ted Lovdahl
 Mailing Address 34486 County Rd 40
 Effie MN 56639
 CITY STATE ZIP CODE
 Title or Position
 Custodian Telephone number 218 244 5858

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 Ted Lovdahl
 Mailing Address 34486 County Rd 40
 Effie MN 56639
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 218 244 5858

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for Telephone number]

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.

US Bank

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

800 Nicollet Mall

[Empty field for Mailing Address]

Minneapolis MN 55402

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BB&T

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

1909 K Street NW

[Empty field for Mailing Address]

Washington DC 20006

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Access National Bank

Mailing Address

1800 Robert Fulton Dr

Reston VA 20191

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Freshman Hold'em JFC

Mailing Address

209 Pennsylvania Ave SE

Suite 2109

Washington DC 20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

- -

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Republican Metropolitan Victory Committee

Mailing Address

5101 Kimberly Road

Minnetonka

MN

55345

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Good to Great Victroy Fund

Mailing Address

228 S Washington St

Ste 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C