Only

## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Heartland Fund 235 6th St E 5th Floor ADDRESS (number and street) (Check if address is changed) St Paul 55101 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS heartlandcampaign@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2018 C00688838 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Johnson, Gregory, , , Type or Print Name of Treasurer Johnson, Gregory, , , [Electronically Filed] 10 26 2018 Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>		
TYPE	OF C	OMMITTEE	1 4go <b>2</b>		
Cano	didate	Committee:			
(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 the candidate information below.)			
Name Candi					
Candid Party	date Affiliati	Office Sought: House Senate President	State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid					
Party	y Con	nmittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.		
Politi	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)			
Joint	Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
	Committees Participating in Joint Fundraiser				
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Name		i aye <b>J</b>
Heartland Fund		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	shin PAC Sponsor
-	Signification, Annual Committees, South Landidasing Representative, of Estador	omp i rio oponio.
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
	Gregory, , ,	1
Full Name	235 6th St. E	
Mailing Address	5th Floor	
	St. Paul MN 55101	
Title or Position	CITY STATE	ZIP CODE
		202   -   2102
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Johnson, (	Gregory, , ,	
Mailing Address	235 6th St. E	
	5th Floor	
	St. Paul  CITY  STATE	ZIP CODE
Title or Position	. 651	202   2102
_	Telephone number	

FEC <b>For</b> n	<b>1</b> (Revised 02/2009) Page <b>4</b>				
Full Name of Designated Agent	Weber, Joe, , ,				
Mailing Address	235 E 6th St.				
	5th Floor				
	St. Paul MN 55101				
	CITY STATE ZIP CODE				
Title or Position Director	Telephone number 651 - 202 - 2102				
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.					
	U.S. Bank - St. Paul Ctr				
Mailing Address	101 E 5th St.				
	St. Paul MN 55101				
	CITY STATE ZIP CODE				
Name of Bank, Depository, etc.					
Mailing Address					
	CITY STATE ZIP CODE				