Image# 202502069753330115			<u>.</u>	02/06/2025 15 : 15 PAGE 1 / 8 =
FEC FORM 1	STATEME ORGANIZ			
				Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Republican Party c	of Minnosota - Eod	oral		
ADDRESS (number and street)	7400 Metro Blvd			
(Check if address	Ste 424			
is changed)	Minneapolis			5439-2374
			STATE ▲	
COMMITTEE'S E-MAIL ADDRE				
<ul><li>(Check if address is changed)</li></ul>	tcdatwyler@gmail.com			
	Optional Second E-Mail Ad	dress		
	treasurer@mngop.com			
(Check if address is changed)	www.mngop.com			
2. DATE 02 0				
. FEC IDENTIFICATION N	UMBER ► C C	00001313		
I. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined the	his Statement and to the best	of my knowledge and belief	it is true, correct ar	nd complete.
ype or Print Name of Treasure				
Type of Finit Manie of fiedSule	Pascoe, David, , ,			
Signature of Treasurer Pasc	coe, David, , ,		Date 02	/ D D / Y Y Y 06 2025
IOTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTED		ne penalties of 52 U.S.C. §30
Office		For further information		FEC FORM 1
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 06/2012)

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FEC F	Form 1 (Revised 03/2022)	Page <b>2</b>					
5. TY	YPE OF COMMITTEE:						
Ca	Candidate Committee:						
(a)	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 c information below.)	andidate					
	Name of Candidate						
	Candidate Office Sought: House Senate President	State District					
(c)							
	Name of Candidate						
<b>Pa</b> (d)	Party Committee:       (National, State or subordinate) committee of the       (Democratic, REP         D) X       This committee is a       STA       or subordinate) committee of the       REP	c.) Party					
Po	Political Action Committee (PAC):						
(e)	>) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:					
	Corporation Corporation w/o Capital Stock Labor Orga	nization					
	Membership Organization Trade Association Cooperative	9					
	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 for committee. (i.e., nonconnected committee)	und or party					

## Joint Fundraising Representative:

(g)

(h)

(i) 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
 2.

This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Lobbyist/Registrant PAC.

This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

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Write or Type Committee Name	

## Republican Party of Minnesota - Federal

6.	Name of Any Connected Or	ganization, Af	iliateo	d C	omr	nitt	ee,	Jo	int	Fι	Indi	ais	ing	Re	pre	sei	ntat	ive	, o	r Le	ead	lers	ship	• P/	٩C	Sp	ons	sor	
		SE 2024																											
	Mailing Address	PO BOX 30844	1																										
					1																								
		Bethesda														L I	ND			L <sup>2</sup>	082	24							
					СІТ	Y 🔺	•									ST/	ΑΤΕ						ZII	- C		DE .			
	Relationship: Connected	Organization	Affili	iateo	d Or	rgan	izat	ion		×	Joi	nt F	und	rais	ing	Re	pres	sen	tativ	/e	l		Lea	der	ship	⊳ P⁄	AC	Spo	nsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Pascoe,	David, , ,				
Full Name					
Mailing Address	1808 Fields Drive				
	Carver		MN	55315	
	CITY	< ▲	STATE 4	<b>`</b>	ZIP CODE
Title or Position ▼					
Treasurer		L Te	elephone number	715	338 - 8544

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	Pascoe, David, , ,
Mailing Address	1808 Fields Drive
	Carver 55315
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number     715    338    8544

FEC Form 1 (	(Revised 02/2009)
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Full Name of Designated Agent	Datwyler, Thomas, Charles, ,		
Mailing Address	PO Box 183		
	Hudson	WI 54016	
	CITY 🔺	STATE A	ZIP CODE
Title or Position ▼	,		
Assistant Treasure	er	Telephone number	338 - 8544

## 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.

L	Alliance Bank		
Mailing Address	444 Cedar Street		
	Saint Paul	MN 5	5101-2179
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc. Chain Bridge Bank		
L			
Mailing Address	1445A Laughlin Avenue		
	McLean		2101
	CITY A	STATE A	ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
- 6. <b>I</b>	Name of Any Connected (	Drganization, Affiliated Committee, Joint Fundra	sing Representative	e. or Leadership PAC Sponsor
	NRSC TARGETED S	-		· · · · · · · · · · · · · · · · · · ·
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	MD	22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
_				
- 8. C	Designated Agent: Identify	by name, address (phone number – optional)		
– 8. E		by name, address (phone number - optional)		
- 8. C	Full Name	by name, address (phone number - optional)		
- 8. C	Full Name	by name, address (phone number – optional)		
- 8. C	Full Name			
– 8. E	Full Name		STATE	
- 8. C	Full Name	└	1	
9. E	Full Name		ephone Number	
9. E S	Full Name		ephone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         afety deposit boxes or mail		ephone Number	
9. E S	Full Name		ephone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Ganks of Bank,         Depository, etc.		ephone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Ganks of Bank,         Depository, etc.		ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		
	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	
4. [		
of Amer Composited	One station Affiliated One with a laist Fundraising Depresentative on Londowskin DAO	<b>-</b>
GROW THE MAJOR	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S	Spons
		II
Mailing Address	228 S Washington St	
	Ste 115	
	Alexandria VA 22314-5404	
Polotionchine		· .
	Alexandria CITY A STATE ZIP CODE d Organization Affiliated Committee Joint Fundraising Representative Leadership P/ y by name, address (phone number – optional)	
Connecte	CITY ▲ STATE ▲ ZIP CODE d Organization Affiliated Committee × Joint Fundraising Representative Leadership PA	
Connecte	CITY ▲ STATE ▲ ZIP CODE d Organization Affiliated Committee × Joint Fundraising Representative Leadership PA	
Connecte	CITY ▲ STATE ▲ ZIP CODE d Organization Affiliated Committee × Joint Fundraising Representative Leadership PA	
Connecte	CITY ▲ STATE ▲ ZIP CODE d Organization Affiliated Committee × Joint Fundraising Representative Leadership PA	
Connecte	CITY A STATE A ZIP CODE	AC Sp
Connecte	CITY A STATE A ZIP CODE	AC Sp

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

5(g) or	(h). Joint Fundraising	J Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
_	4.		FEC ID number	С
6. N	NRSC VICTORY	Drganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
		STE 115		
	Relationship:	CITY A	STATE	
-			t Fundraising Representa	ative Leadership PAC Sponsor
8. D	Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	3			· · · · · · · · · · · · · · · · · · ·
		CITY ▲		
		•	elephone Number	
s	Banks or Other Depositori afety deposit boxes or main lame of Bank, Depository, etc.			s funds, holds accounts, rents
		1		
	Mailing Address			

L

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:	
1.		FEC II	D number C
2.		FEC II	D number C
3.		FEC II	D number C
4.		FEC II	D number C
6. <b>Name</b>	of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leadership PAC Sponsor
TR	UMP 47 COMMITTE	E	
I	Mailing Address	P.O. BOX 509	
			VA 22216
I	Relationship:	CITY 🔺	STATE A ZIP CODE A
	Connected (	Drganization Affiliated Committee X Joint Fundraisin	g Representative Leadership PAC Sponsor
8. Design	nated Agent: Identify b	by name, address (phone number – optional)	
	nated Agent: Identify b	by name, address (phone number - optional)	
Fu		by name, address (phone number - optional)	
Fu	II Name	by name, address (phone number - optional)	
Fu	II Name	by name, address (phone number - optional)	
Fu	ill Name		
Fu	II Name		
Fu Ma 7 9. <b>Banks</b> safety Name	II Name	CITY ▲ CITY ▲ Telephone N Es: List all banks or other depositories in which the comm	lumber
Fu Ma 7 9. <b>Banks</b> safety Name	II Name ailing Address ITLE OR POSITION ▼ Geposit boxes or main of Bank, itory, etc	CITY ▲ CITY ▲ Telephone N Es: List all banks or other depositories in which the comm	lumber
Fu Ma 7 9. <b>Banks</b> safety Name	II Name	CITY ▲ CITY ▲ Telephone N Es: List all banks or other depositories in which the comm	lumber
Fu Ma 7 9. <b>Banks</b> safety Name	II Name ailing Address ITLE OR POSITION ▼ Geposit boxes or main of Bank, itory, etc	CITY ▲ CITY ▲ Telephone N Es: List all banks or other depositories in which the comm	lumber