PAGE 1/7 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Minnesota - Federal 7400 Metro Blvd ADDRESS (number and street) Ste 424 (Check if address is changed) Minneapolis 55439-2374 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rjh@mngop.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.mngop.com (Check if address is changed) DATE 01 2020 C00001313 FEC IDENTIFICATION NUMBER > 3. X 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. Scherer, Bron, , , Type or Print Name of Treasurer Scherer, Bron, , , [Electronically Filed] 10 2020 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

Only

FEC <b>F</b> e	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE e 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Domogratio
(d) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

FFC Form 1 (Davised	03/2000)	Dogo 2
FEC Form 1 (Revised Write or Type Committee Nam		Page <b>3</b>
	rty of Minnesota - Federal	
<b>.</b>	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership DAC Sponsor
		or Leadership FAC Sponsor
Take Back The House	e	
Mailing Address	PO Box 30824	
	Bethesda MD	20824-
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Scherer, E	Bron, , ,	ı
of Treasurer	1047 Turnbara Caust	
Mailing Address	617 Turnberry Court	
	Northfield	55057-3423
Title or Position , Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

. 20 . 0	m 1 (Revised	0272003)				
Full Name of	Scherer, B	ron				
Designated Agent				1 1 1 1 1	1 1 1 1 1	
rigerit		617 Turnberry C	Court			
Mailing Address			Sourt			
		1			1 1 1 1 1	
		Northfield			MN	55057-3423
		Northileid				33037-3423
			CITY		STATE	ZIP CODE
Title or Position						
Treasurer				Telephone n	umber 5	507 - 649 - 190
Banks or Other safety deposit b	r Depositorie	es: List all banks	or other depositories in v	which the comm	ittee deposits	funds, holds accounts, rents
Name of Bank,						
marrie or barrk,	Depository, e	eic.				
	, ,					
·	Alliance	e Bank				
·			<u>                                     </u>			
Mailing Address	Alliance	e Bank 444 Cedar Stree	et			
	Alliance		et			
	Alliance	444 Cedar Stree	et			55404-0470
	Alliance		et		MN	55101-2179
	Alliance	444 Cedar Stree				
Mailing Address	Alliance	444 Cedar Stree	et		MN	55101-2179 ZIP CODE
Mailing Address	Alliance	444 Cedar Stree				
	Alliance	444 Cedar Stree				
Mailing Address	Alliance	444 Cedar Stree  Saint Paul  etc.	CITY			
Mailing Address	Depository, e	444 Cedar Stree	CITY			
Mailing Address	Depository, e	444 Cedar Stree  Saint Paul  etc.	CITY			
Mailing Address	Depository, e	Saint Paul  etc.  Bank  444 Cedar Stree	CITY		STATE	ZIP CODE
Mailing Address	Depository, e	444 Cedar Stree  Saint Paul  etc.	CITY			
Mailing Address	Depository, e	Saint Paul  etc.  Bank  444 Cedar Stree	CITY		STATE	ZIP CODE

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

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(h). <b>Joint Fundraising</b>	. a. iioipaiiti		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected (	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	320 FIRST ST SE		
	WASHINGTON	DC	20003-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	Organization Affiliated Committee X Joby name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify  Full Name			ative Leadership PAC Sp
esignated Agent: Identify			ative Leadership PAC Sp
esignated Agent: Identify  Full Name			ative Leadership PAC Sp
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		Ative Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriafety deposit boxes or mailame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

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Page		OI	

1.			
I		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected NRSC Targeted S	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 9891		
	Arlington	VA	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
<b>esianatea Aaent:</b> identit\	by name address (phone number – optional)		
Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1 1	
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailane of Bank,	CITY A	Telephone Number	
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailane of Bank,	CITY A	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc.	CITY A	Telephone Number	

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

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h). <b>Joint Fundraisi</b>	ig i articipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Trump Victory	Organization, Affiliated Committee, Joint Fo	undraising Representativ	ve, or Leadership PAC Spon
Mailing Address	138 Conant St		
	Beverly	MA MA	01915-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee x	Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif			tative Leadership PAC S
esignated Agent: Identif			tative Leadership PAC S
esignated Agent: Identif			tative Leadership PAC S
esignated Agent: Identif			tative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optiona		Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optiona		
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optiona  CITY   CITY   Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optiona  CITY   CITY   Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optiona  CITY   CITY   Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optiona  CITY   CITY   Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A