Only

## STATEMENT OF

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**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. Ettinger for Congress PO Box 741 ADDRESS (number and street) (Check if address is changed) Austin 55912 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@pattonprocessing.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ettingerforcongress.com (Check if address is changed) DATE 2022 C00808329 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. Patton, Chris, , , Type or Print Name of Treasurer Patton, Chris,,, [Electronically Filed] 04 20 2022 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

	<b>-</b>	1 (7)	5 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Nam Cand	e of didate	Ettinger, Jeffrey, M., ,	
	didate y Affiliatio	on DFL Office Sought: X House Senate President	State MN District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FF0	1.00(0000)	
FEC Form 1 (Revise Write or Type Committee Na		Page 3
Ettinger for Co		
	ed Organization, Affiliated Committee, Joint Fundraising Representat	tive or Leadership PAC Sponsor
	a organization, Anniaca committee, Joiner analasing representati	ive, or Leadership i Ao Sporisor
NONE		
Mailing Address		
	CITY STATE	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	entative Leadership PAC Sponsor
. Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of th	e person in possession of committee
	, Chris, , ,	
Full Name	PO Box 9	
Mailing Address		
	Lexington	40588
Title or Position	CITY STATE	ZIP CODE
Traeasurer	Telephone number	859 - 533 - 4182
5. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	tee; and the name and address of
Full Name Patton, of Treasurer	Chris, , ,	
Mailing Address	PO Box 9	
	Lexington   KY	40588
Title or Position	CITY STATE	ZIP CODE
Traeasurer	Telephone number	859 - 533 - 4182

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FEC <b>FO</b> II	III 1 (NEVISEU 02/2003)	raye 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	·
Name of Bank,	Sterling State Bank	
	Depository, etc.  Sterling State Bank  1419 1st Ave. SW	
Name of Bank,	Depository, etc.  Sterling State Bank  1419 1st Ave. SW	12
Name of Bank,	Sterling State Bank  1419 1st Ave. SW	12 ZIP CODE
Name of Bank,	Depository, etc.  Sterling State Bank  1419 1st Ave. SW  Austin  CITY  STATE	
Name of Bank,  Mailing Address	Depository, etc.  Sterling State Bank  1419 1st Ave. SW  Austin  CITY  STATE	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  Sterling State Bank  1419 1st Ave. SW  Austin  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Sterling State Bank  1419 1st Ave. SW  Austin  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Sterling State Bank  1419 1st Ave. SW  Austin  CITY  STATE  Depository, etc.	ZIP CODE