

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2020 JUN 26 AM 9:19
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Travis Ekblom for Congress

ADDRESS (number and street)

1533 University Ave

(Check if address is changed)

Unit 110

Saint Paul

CITY ▲

MM STATE ▲

55104-3910 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tje@travisekblom.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.Travis2020.com

2. DATE

04 ' 20 ' 2020

3. FEC IDENTIFICATION NUMBER ►

C00712331

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

Travis Ekblom

Signature of Treasurer

Date

04 ' 20 ' 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 Travis Ekbohm

Candidate Party Affiliation GOP Office Sought: House Senate President State MN District 04

- (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 _____

Write or Type Committee Name

Travis Ekbohm for Congress

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

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

[Empty grid line]

[Empty grid line]

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

Travis James Ekbohm

Mailing Address

1533 University Ave

Unit 110

Saint Paul

MN

55104-3910

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

651-276-4201

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

Travis James Ekbohm

Mailing Address

1533 University Ave

Unit 110

Saint Paul

MN

55104-3910

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

651-276-4201

20110801 10:50:50 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid 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.

TruStone Financial

Mailing Address

2150 Lexington Ave N

[Grid for Mailing Address Line 2]

Roseville MN 55113-6453

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

2011-11-10 10:00:00 AM

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

Relationship: CITY ▲ STATE ▲ - ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ - ZIP CODE ▲

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.

Mailing Address

CITY ▲ STATE ▲ - ZIP CODE ▲

1-800-424-9547

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\$26.35
R2305K137349-09

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: _____
TAVIS EBBEN BERGESS
UNIT 110
1533 UNIVERSITY AVE
SAINT PAUL, MN 55104

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature, OR 2) Purchases additional insurance, OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE: _____
Federal Election Commission
1050 First St NE
Washington, DC 20463
ZIP + 4® (U.S. ADDRESSES ONLY)
20463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 insurance included.

PEEL FROM THIS CORNER

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USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service® Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 1-Day 2-Day Military OPO

Date Accepted (MM/DD/YY) Scheduled Delivery Date (MM/DD/YY) Postage \$ 26.35
4-22-20 4-23-20
11:46 AM 10:30 AM 12 NOON 3:00 PM
Insurance Fee \$ COD Fee \$
Return Receipt Fee \$ Line Animal Transportation Fee \$

Special Handling/Fragile Sunday/Holiday Premium Fee Total Postage & Fees \$ 26.35
Weight 3 lbs 3 ozs
Actual Rate \$
Acceptance/Employee Initials REG
Employee Signature

| DELIVERY (POSTAL SERVICE USE ONLY) | | Employee Signature | |
|------------------------------------|------|--|--------------------|
| Delivery Attempt (MM/DD/YY) | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Delivery Attempt (MM/DD/YY) | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |

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INTERNATIONALLY,
TOMS DECLARATION
MAY BE REQUIRED.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Priority Mail Express | Postmarked 4/22/20 |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

PREPARER *SPM* DATE PREPARED *8/19/20*

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