Image# 202101089398329441				01/00/2021 18.30
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 4 🗕
				Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Minocqua Brewi	ng Company Sup			
ADDRESS (number and street)	318 W Park Ave			
(Check if address				
is changed)	Minocqua			4548
			L L	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	info@mbcsuperpac.co	<b>m</b>		
	Optional Second E-Mail Ad	dress		
<ul> <li>(Check if address is changed)</li> </ul>				
	03 <sup>7</sup> <u>2021</u>			
B. FEC IDENTIFICATION	NUMBER ► C c	00765529		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct ar	nd complete.
ype or Print Name of Treasu	rer Bangstad, Kirk, , ,			
Signature of Treasurer	ngstad, Kirk, , ,	[Electronically Filed]	Date 01	/ D D / Y Y Y 08 2021
IOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		e penalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/08/2021 18 : 30

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FEC	C Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE C	DF COMMITTEE	
Candi	date 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. (Comp information below.)	plete the candidate
Name o Candida		
Candida Party Af		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)		Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	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 seg 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 C	
	2 FEC ID number C	
3	3 FEC ID number C	
2	4 FEC ID number C	

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Write or Type Committee Name

## Minocqua Brewing Company SuperPAC

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

N						
	Mailing Address					
		CITY		ST	ATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Co	mmittee Jo	int Fundraising Repr	resentative	adership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone	number optic	onal) and position of	f the person in pos	ssession of committee
	Bangstad,	<b>≺irk</b> , , ,				
	Mailing Address	318 W Park Ave				
		Minocqua		M	VI 54548	
	Title or Position	CITY		STA	TE	ZIP CODE
				Telephone number	312	371 - 6431
8.	Treasurer: List the name and any designated agent (e.g., a		ptional) of the ti	easurer of the com	mittee; and the na	me and address of

Full Name of Treasurer	Bangstad, Kirk, , ,
Mailing Address	318 W Park Ave
	Minocqua
	CITY STATE ZIP CODE
Title or Position	
	Telephone number     312     371     6431

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Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(								STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

	Incredible Bank		
Mailing Address	8590 Highway 51 North		
	<b>∣ Minocqua</b>		54548
	CITY	STATE	ZIP CODE
Name of Bank, D	Pepository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE