FEC FORM 1	STATEMENT ORGANIZAT		Office Use Onl	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Republican Part	y of Minnesota - Fe	ederal		
ADDRESS (number and street)	7400 Metro Blvd			
(Check if address is changed)	Ste 424			
	Minneapolis └────────────────────────────────────		MN 55439-2374 STATE ▲ ZIF	☐ – [] P CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	rjh@mngop.com			
	Optional Second E-Mail Addres	SS		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	04 / Y Y Y Y 2021			
3. FEC IDENTIFICATION N	NUMBER ► C C000	01313		
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	s true, correct and complete.	
Type or Print Name of Treasu	rer Prinkkila, Lee, , ,			
Signature of Treasurer	nkkila, Lee, , ,	[Electronically Filed]	Date 10 / 14	2021
NOTE: Submission of false, erro	neous, or incomplete information may ANY CHANGE IN INFORMATION			f 2 U.S.C. §437g.
Office Use Only		For further information course Federal Election Commission Toll Free 800-424-9530		-

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	COMMITTEE		
Candidat	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. (Com information below.)	plete the candidate	
Name of Candidate			
Candidate Party Affilia	tion Office Sought: House Senate President	State District	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co			
(d) X		(Democratic, Republican, etc.) Par	
Political /	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	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 se committee. (i.e., nonconnected committee)	gregated fund or par	
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 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
Cor	nmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

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Write or Type Committee Name

Republican Party of Minnesota - Federal

Edina

Title or Position

CITY

1

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

T		JSE 2022				
L						
	Mailing Address	PO BOX 30844				
		Bethesda			MD	20824-
			CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization	iliated Committee	Joint Fundraisin	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	itify by name, addres	s (phone number op	tional) and posi	tion of the perso	on in possession of committee
	Prinkkila, L	_ee, , ,				
	Full Name					
	Mailing Address	7400 Metro Blvd				
		Edina			MN	55439-2316
	Title or Position		CITY		STATE	ZIP CODE
	Custodian of Records			Telephone nu	mber	_]-[]-[]
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).				d the name and address of	
	Full Name Prinkkila, L	.ee,,,				
	Mailing Address	7400 Metro Blvd				

MN

STATE

Telephone number

55439-2316

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ZIP CODE

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Full Name of Designated Agent	Prinkkila, Lee, , ,	
Mailing Address	7400 Metro Blvd	· · · · · · · · · · · · · · · · · · ·
		MN 55439-2316
	CITY	STATE ZIP CODE
Title or Position		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.

Allianc	e Bank		
Mailing Address	444 Cedar Street		
	Saint Paul	MN55101-2179 [
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	^{etc.} e Bank		
	444 Cedar Street		1
Mailing Address			
	Saint Paul	MN 55101-2179	
	CITY	STATE ZIP CODE	