

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

REPUBLICAN PARTY OF MINNESOTA - FEDERAL

ADDRESS (number and street) 7400 METRO BLVD
 (Check if address is changed) STE 424
MINNEAPOLIS MN 55439-2374
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) MNGOP@REDCURVE.COM

Optional Second E-Mail Address
TREASURER@MNGOP.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.MNGOP.COM

2. DATE 03 / 27 / 2026

3. FEC IDENTIFICATION NUMBER C C00001313

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 PASCOE, DAVID, , ,

Signature of Treasurer PASCOE, DAVID, , , Date 03 / 27 / 2026

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.

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 _____

Candidate Party Affiliation 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 Committee:

- (d) This committee is a STA (National, State or subordinate) committee of the REP (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.)
- (g) This committee is an independent expenditure-only political committee (Super PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

REPUBLICAN PARTY OF MINNESOTA - FEDERAL

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

PROTECT THE HOUSE 2024

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Organization

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

PASCOE, DAVID, , ,

Mailing Address

1808 FIELDS DRIVE

CARVER

MN

55315

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

715

338

8544

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

PASCOE, DAVID, , ,

Mailing Address

1808 FIELDS DRIVE

CARVER

MN

55315

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

715

338

8544

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number [Empty grid]

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.

ALLIANCE BANK

Mailing Address

444 CEDAR STREET

[Empty grid for Mailing Address line 2]

SAINT PAUL MN 55101-2179

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445A LAUGHLIN AVENUE

[Empty grid for Mailing Address line 2]

MCLEAN VA 22101

CITY ▲

STATE ▲

ZIP CODE ▲

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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 - -

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Name of Bank, Depository, etc.

Mailing Address

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CITY ▲ STATE ▲ ZIP CODE ▲

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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TITLE OR POSITION

Telephone Number

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Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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Mailing Address

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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