

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
2011 NOV 22 AM 11:27  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

TAXPAYERS LEAGUE OF MINNESOTA Liberty Fund

ADDRESS (number and street)

1402 CONCORDIA AVE

(Check if address  
is changed)

SAINT PAUL

MN

55104

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

TORINK@TAXPAYERSLEAGUE.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

NONE (AT November 15<sup>th</sup>, 2011)

2. DATE

11 ' 15 ' 2011

3. FEC IDENTIFICATION NUMBER

C00339473

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

Torin Kelly

Signature of Treasurer

*Torin Kelly*

Date

11 ' 15 ' 2011

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  
Use  
Only

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

FEC FORM 1  
(Revised 02/2009)

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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  (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 _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

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Write or Type Committee Name

TAXPAYERS LEAGUE OF Minnesota Liberty Fund

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

TAXPAYERS LEAGUE OF MINNESOTA

Mailing Address

1402 CONCORDIA AVE

SAINT PAUL

MN

55104-5309

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

TORIN KELLY

Mailing Address

350 ST. PETER STREET

UNIT 305

SAINT PAUL

MN

55102-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

TORIN KELLY

Mailing Address

350 SAINT PETER STREET

UNIT #305

SAINT PAUL

MN

55102-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

952-201-3483

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Full Name of Designated Agent

PHIL KRINKIE

Mailing Address

4471 HARBOR PLACE DRIVE

SHOREVIEW

MN

55126-

CITY

STATE

ZIP CODE

Title or Position

PRESIDENT

Telephone number

651-481-8355

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.

NONE (AT NOVEMBER 15, 2011)

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

NONE (AT NOVEMBER 15, 2011)

Mailing Address

CITY

STATE

ZIP CODE

11030691578

**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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
11/17/11

USPS Registered/Certified Postmarked (R/C)

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USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 11/22/11  
**PREPARER** **DATE PREPARED**

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