Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) OCKRIDGE GRINDAL NAUEN POLITICAL FUND 100 WASHINGTON AVE SO SUITE 2200 ADDRESS (number and street) (Check if address is changed) **MINNEAPOLIS** 55401 MN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS dglarson@locklaw.com (Check if address is changed) Optional Second E-Mail Address cimraz@locklaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.locklaw.com (Check if address is changed) DATE 10 24 2022 C00167916 FEC IDENTIFICATION NUMBER 3. 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. Larson, Daniel, G.,, Type or Print Name of Treasurer Larson, Daniel, G.,, [Electronically Filed] Date 10 2022 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:		
Candidate Committee:		
(a) This committee is a principal campaign committee. (Complet	e the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a p information below.)	rincipal campaign committee. (Complete the candidate	
Name of Candidate	<u></u>	
Candidate Office Party Affiliation Sought: House	Senate President 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) commi	(Democratic, Republican, etc.) Party	
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify conr	ected organization on line 6.) Its connected organization is a	
Corporation Corporation	w/o Capital Stock Labor Organization	
Membership Organization Trade Associ	E .	
In addition, this committee is a Lobbyist/Registrant	PAC.	
(f) This committee supports/opposes more than one Federal ca committee. (i.e., nonconnected committee)	ndidate, and is NOT a separate segregated fund or party	
In addition, this committee is a Lobbyist/Registrant	PAC.	
In addition, this committee is a Leadership PAC. (I	dentify 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:		
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. [ , , , , , , , , , , , , , , , , , ,	C	
- 1	C	

Title or Position ▼

Director

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٧	Vrite or Type Commit	ttee Name	
	LOCKRIE	OGE GRINDAL NAUEN POLITICAL FUND	
6.		nnected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization	Leadership PAC Sponso
7.	books and records	ords: Identify by name, address (phone number optional) and position of the person in p . Larson, Daniel, G., ,	ossession of committee
	Full Name		
	Mailing Address	100 Washington Avenue South	
		Suite 2200	
		Minneapolis	55401
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OHT = STATE =	211 OODL <b>-</b>
	Director	Telephone number 612	596 4013
8.		e name and address (phone number optional) of the treasurer of the committee; and ent (e.g., assistant treasurer).	I the name and address of
	Full Name	Larson, Daniel, G., ,	
	of Treasurer		
	Mailing Address	100 Washington Avenue South	
		Suite 2200	
		Minneapolis	55401
		CITY ▲ STATE ▲	ZIP CODE ▲

612

Telephone number

596

4013

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
		ber				
Banks or Other Depositorions safety deposit boxes or main	es: List all banks or other depositories in which the committee trains funds.	e deposits funds, holds	s accounts, rents			
Name of Bank, Depository, e	etc.					
US Bar	n <b>k</b>					
Mailing Address	P.O. Box 64799					
	St. Paul	MN 55101				
	CITY ▲	STATE A	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY A	STATE ▲	ZIP CODE ▲			