Image# 20200709924439573	35		_	PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ	-		
1. NAME OF	(Chaok if name	Example: If twoing, two		ice Use Only
COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	500 IDS CENTER			
ADDRESS (number and stree				
is changed)			<u> </u>	
			MN 5540	
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL AD	DRESS			
× ◀ (Check if addres	s Daryn.Mcbeth@lathrop	ogpm.com		1
is changed)				
	Optional Second E-Mail Ad emily.conde@lathro	ldress pgpm.com		
COMMITTEE'S WEB PAGE (Check if addres is changed)				
2. DATE 07	09 / Y Y Y Y 09			
3. FEC IDENTIFICATIO	N NUMBER ► C C	00099473		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
L certify that I have examin	ed this Statement and to the best	of my knowledge and boliof i	t is true correct and	complete
i oorary alac i have examini		. of my knowledge and beller I		osmpioto.
Type or Print Name of Trea	asurer McBeth, Daryn, , ,			
Signature of Treasurer	McBeth, Daryn, , ,	[Electronically Filed]	Date 07	09 / Y Y Y Y 2020
NOTE: Submission of false, e	erroneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or part
	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 t 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 the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

GRAY, PLANT, MOOTY, MOOTY & BENNETT P A PUBLIC AFFAIRS COMMITTEE

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

Mailing Address					
	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.

McBeth, D	aryn, , ,
Full Name	
Mailing Address	500 IDS Center
	80 South 8th Street
	Minneapolis MN 55402
Title or Position	CITY STATE ZIP CODE
	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	McBeth, Daryn, , ,	
Mailing Address	500 IDS Center	
	80 South 8th Street	
	Minneapolis MN 55402 -	
	CITY STATE ZIP CODE	
Title or Position		
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Full Name of Designated Agent	McBeth, Daryn, , ,				
Mailing Address	500 IDS Center				
	80 South 8th Street				
	Minneapolis		MN	55402	
	CITY		STATE		ZIP CODE
Title or Position	CITY		STATE		ZIP CODE

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.

US Bar	n k		
Mailing Address	PO Box 1800		
	St. Paul	MN	55101
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE