

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

Quinn Nystrom for Congress

ADDRESS (number and street) 422 Laurel Street, #161

(Check if address is changed)

Brainerd MN 56401
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

nystromcompliance@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.quinnforcongress.com

2. DATE 10 / 03 / 2019

3. FEC IDENTIFICATION NUMBER ▶ C C00721498

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 Nystrom, Will, , ,

Signature of Treasurer Nystrom, Will, , , [Electronically Filed] Date 06 / 16 / 2020

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

FEC FORM 1
(Revised 06/2012)

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 Nystrom, Quinn, Reabe, ,

Candidate Party Affiliation DFL Office Sought: House Senate President State MN District 08

- (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 _____

Write or Type Committee Name

Quinn Nystrom for Congress

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

NYSTROM VICTORY FUND

Mailing Address

PO BOX 161

BRAINERD

MN

56401

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 Nystrom, Will, , ,

Mailing Address 422 Laurel Street, #161

Brainerd

MN

56401

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 218 - 330 - 5889

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 Nystrom, Will, , ,

Mailing Address 422 Laurel Street, #161

Brainerd

MN

56401

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 218 - 330 - 5889

Full Name of Designated Agent

[Empty form field for Full Name of Designated Agent]

Mailing Address

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty form field for Title or Position]

Telephone number

[Empty form field for Telephone number]

[Empty form field for Telephone number]

[Empty form field for 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.

American National Bank of Minnesota

[Form field for Name of Bank, Depository, etc.]

Mailing Address

7638 Wolda Rd N

[Form field for Mailing Address]

[Empty form field for Mailing Address]

Baxter

[Form field for Mailing Address]

MN

[Form field for Mailing Address]

56425

[Form field for Mailing Address]

[Form field for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Amalgamated Bank

[Form field for Name of Bank, Depository, etc.]

Mailing Address

1825 K Street NW

[Form field for Mailing Address]

[Empty form field for Mailing Address]

Washington

[Form field for Mailing Address]

DC

[Form field for Mailing Address]

20006

[Form field for Mailing Address]

[Form field for Mailing Address]

CITY

STATE

ZIP CODE