- I		1	RECEIVED
FEC	STATEMENT OF		2013 AUG -5 AM 11: 47
FORM 1	ORGANIZATION		FEC MAIL CENTER
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE41	
Krinkie for Con	igress		L_L_L_IIL_L_L_L_L_L_L_L_L_L_L_L_L_L
ADDRESS (number and street)	P.O. Box 681		
(Check if address			
is changed)			55014
	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-mail address)		
(Check if address	phil@krinkieformn.com		
is changed)			
COMMITTEE'S WEB PAGE A			· · · · ·
(Check if address	www.krinkieformn.com	<u> </u>	
is changed)		<u> i i I I I </u>	
2. DATE Ö7 2	26° ′ 2013 ´		
3. FEC IDENTIFICATION	NUMBER C		
4. IS THIS STATEMENT			
I certify that I have examined	I this Statement and to the best of my knowledge and belief	it is true, corr	ect and complete.
Type or Print Name of Treasu	rer Carl E. Jaeobson		•
	11/16/	ñ	7 26 2013
Signature of Treasurer	Cart . D	Date U	1 20 2013
NOTE: Submission of false, erro	oneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	-	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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	F	EC For	n 1 (Revised 02/2009)	Page 2					
5.		PE OF COMMITTEE							
	Cano	lidate Committee:							
	(a)	\boxtimes	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 Philip B. Krinkie								
	Candi Party	dato Affiliatio	n Rep Office Sought: X House Senate President	State MN District 06					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi								
	Party	y Com	mittee:						
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Polit	ical Ac	tion Committee (PAC):						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its col	nnected organization is a:					
	.,		Corporation W/o Capital Stock	Labor Organization					
			Membership Organization	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 party					
			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								
	(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate This committee collects contributions, pays fundraising expenses and disburses net proceeds for t						
	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						
ł									

FEC Form 1 (Revis	ed 02/2009)										Page 3	
Write or Type Committee N	ame											
Krinkie for Co	ngress											
Name of Any Connecto	ed Organization, A	ffiliated Con	mmittee, Jo	oint Fund	fraising	Repres	entati	ve, or	Lead	ership	PAC Spo	nsor
Mailing Address												
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	1	CI	TY				STATE	I		ZIP		
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Relationship:	ected Organization	Amiliated	Committee		it Fundra	lising H	eprese	ntativ	• [_	Leader	ship PAC	Spons
books and records.	Identify by name, a		<u>i i i i</u>	option -	and	position	of the	e pers	on in	posses	sion of co	ommitte
books and records.		lmar Dr	iye	option - 	al) and	position	n of the	, , , , , , , , , , , , , , , , , , ,	ion in	<u> </u>	sion of co	
books and records.	I Jacobson 13300 Be	lmar Dr	iye	option - 	al) and			• pers	: 1]]	· · · · · · · · · · · 127 ,	sion of co	
books and records. Full Name Mailing Address	I Jacobson 13300 Be	Imar Dr Heights cn	iye		elephone) pers	: 1]]	· · · · · · · · · · · 127 ,		
books and records. Full Name Mailing Address Title or Position Treasurer	I Jacobson 3300 Be Vadnais	Heights	ive			 S a numb	I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 	<u>.</u> 55.	127 ZIP		
books and records. Full Name Mailing Address Title or Position Treasurer Treasurer: List the name any designated agent (e	I Jacobson 3300 Be Vadnais	Heights	ive			 S a numb	I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 	<u>.</u> 55.	127 ZIP		
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	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Carl Jacobson	
Mailing Address	3300 Belmar Drive	
	Vadnais Heights	55127,]-[ZIP CODE
Title or Position	Telephone number	
	 Depositories: List all banks or other depositories in which the committee deposits fur oxes or maintains funds. 	ius, noius accounts, rents
safety deposit be	oxes or maintains funds. Depository, etc. Anchor, Bank, N.A.	
safety deposit bi Name of Bank, I	oxes or maintains funds. Depository, etc.	
safety deposit be	oxes or maintains funds. Depository, etc. Anchor, Bank, N.A.	
safety deposit bi Name of Bank, I	oxes or maintains funds. Depository, etc. [Anchor, Bank, N.A. [157]0, Concordia Avenue	1
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Ne	ext Business Day Delivery					
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Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
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(Jul)	8/5/13					
PREPARER (7/2013)	DATE PREPARED					

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