Only

STATEMENT OF

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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) VALLEY POLITICAL ACTION COMMITTEE 1051 Laramie Ct ADDRESS (number and street) (Check if address is changed) Murfreesboro 37128 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS eapet@outlook.com (Check if address is changed) Optional Second E-Mail Address eapet@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 10 2022 C00431197 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. Peterson, Elliott, , , Type or Print Name of Treasurer Peterson, Elliott,,, [Electronically Filed] Date 10 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate infor	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign co information below.)	ommittee. (Complete the candidate
Name of Candidate	
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) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization o	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) x This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on lin	ne 6.)
(g) This committee is an independent expenditure-only political committee (Super PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses r committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses r committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1.	C
	C

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I	FEC Form 1 (Revised 0)	2/2009)		l Page 3
V	Vrite or Type Committee Name	·		
	VALLEY POLIT	FICAL ACTION COMM	ИITTEE	
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint	Fundraising Representative, or L	eadership PAC Sponsor
	Buffalo River Politica	I Action Committee		
	Mailing Address	26192 Floyd Lake Point Road		
		1		
		Detroit Lakes	MN 5	56501
		OITV	07175	710 0005 1
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number opti	onal) and position of the person in po	ossession of committee
	Peterson, E	illiott		
	Full Name			
	Mailing Address	1051 Laramie Ct		
		1		
		Murfreesboro		37128
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
			615	209 7707
	Treasurer		Telephone number	308 7797
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of tassistant treasurer).	the treasurer of the committee; and	the name and address of
	Full Name Peterson, E	illiott, , ,		
	of Treasurer			
	Mailing Address	1051 Laramie Ct		
		Murfreesboro		37128
	Title or Desition —	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		245	

Telephone number

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Full Name of Designated Agent	Peterson, Elliott, , ,		
Mailing Address	1051 Laramie Ct		
	Murfreesboro	TN	37128
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer		elephone number 615	308 7797
Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which es or maintains funds.	the committee deposits fund	s, holds accounts, rents
Name of Bank, D	epository, etc.		
	MidMinnesota Federal Credit Union		
Mailing Address	1405 US-10 West		
	Detroit Lakes	MN	56501
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
PETERSON, CO	LLIN CLARK, , ,		
	<u> </u>		
	26192 FLOYD LAKE POINT ROAD		
Mailing Address			
	DETROIT LAKES	MN	56501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Joint	t Fundraising Represent	ative
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A