Image# 202010169296943841				10/10/2020 03 . 52
FEC	STATEME	_		PAGE 1 / 4 🗕
FORM 1	ORGANIZ	ATION		
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
PAINTER MINN	ESOTA			
	PO BOX 6780			
ADDRESS (number and street)				
 (Check if address is changed) 				
	MINNEAPOLIS		MN 5	5406-0780
			STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	williamdenney@mail.c	om		
is changed)	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
	6 / Y Y Y Y 2020			
3. FEC IDENTIFICATION N		:00673152		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and ballet	it is true corroct or	nd complete
contry that I have examined		. of my knowledge and belief		na oompioto.
Type or Print Name of Treasur	er Denney, William, , ,			
Signature of Treasurer	ney, William, , ,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 16 2020
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMAT		-	ne penalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	TYPE	OF C	OMMITTEE
			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 Candie		Painter, Richard, , ,
	Candio Party	date Affiliatio	on DFL Office Sought: House Senate President District 00
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
	Party	y Com	nmittee:
	(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party
	Politi	ical A	ction 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	Fund	Iraising 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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	

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Write or Type Committee Name

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PAINTER MINNESOTA

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

N						
	Mailing Address					
			CITY	S	STATE	ZIP CODE
	Relationship: Connected	l Organization	ed Committee	oint Fundraising Re	epresentative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (p	hone number optic	onal) and position	of the person in p	possession of committee
	Denney, W	/illiam, , ,				
	Full Name	3316 41st Ave S				
	Mailing Address					
		Minneapolis			MN 55406	6

Title or Position	CITY	STATE	ZIP CODE				
		Telephone number	269				

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	Denney, William, , ,
Mailing Address	3316 41st Ave S
	Minneapolis
	CITY STATE ZIP CODE
Title or Position	Telephone number 612 269 9502

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Full Name of Designated Agent					1							1	I								I									
Mailing Address																														
							1													L				L						
CITY										STATE ZIP CODE																				
Title or Position																														
															Tele	eph	ione	e n	um	ber		L								

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.

	ank		
Mailing Address	3118 East Lake St		
	Minneapolis	MN 5540	6
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE