**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Minnesota - Federal 7400 Metro Blvd ADDRESS (number and street) Ste 424 (Check if address is changed) Minneapolis 55439-2374 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00001313 FEC IDENTIFICATION NUMBER 3. X 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 Prinkkila, Lee, , Date 04 02 2024 Signature of Treasurer Prinkkila, Lee, , , 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 information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
Name of Candidate    '''' '''' '''' ''''	
Candidate Office House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, e	tc.) 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 Org	anization
Membership Organization Trade Association Cooperation	/e
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 committee. (i.e., nonconnected committee)	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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution 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 net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. [	

	FEC Form 1 (Revised 0	i	Page 3
٧	Vrite or Type Committee Name		
	Republican Party	y of Minnesota - Federal	
6.	-	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	PROTECT THE HOL	JSE 2024	
	Mailing Address	PO BOX 30844	
		Bethesda MD	20824
		CITY ▲ STATE ▲	ZIP CODE A
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representation	ntative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the pers	con in possession of committee
	Prinkkila, L	ee	
	Full Name		
	Mailing Address	7400 Metro Blvd	
		Edina   MN	55439-2316
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5	<b>~~</b>
	Custodian of Records	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committeessistant treasurer).	ee; and the name and address of
	Full Name Prinkkila, L	ee,,,	
	Mailing Address	7400 Metro Blvd	
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Edina	55439-2316
	Title on Decition -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1	I (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Datwyler, Thomas, Charles, ,	
Mailing Address	PO Box 183	
	Hudson WI	54016
	CITY ▲ STAT	E ▲ ZIP CODE ▲
Title or Position		
Assistant Treasu	rer Telephone number	715   338   -   8544
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposes or maintains funds.	osits funds, holds accounts, rents
Name of Bank, [	Depository, etc.	
	Alliance Bank	
Mailing Address	444 Cedar Street	
	Saint Paul	N 55101-2179 -
	CITY ▲ STATI	E ▲ ZIP CODE ▲
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY ▲ STATI	E ▲ ZIP CODE ▲

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

Page	of <sup>8</sup>	
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h). <b>Joint Fundraisi</b>	ng ranticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
NRSC TARGETED	STATE VICTORY		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	MD	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification of the second of the secon	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identification of the second of the secon	fy by name, address (phone number – optional)		
esignated Agent: Identification of the connected agent: Identification of the connected agent is connected agent. Identification of the connected agent is connected agent. Identification of the connected agent is connected agent. Identification of the	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE   Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE   Telephone Number  ch the committee deposit	ZIP CODE A

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

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Page	OI	

(h). Joint Fundraising			
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
GROW THE MAJORI	тү		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
_			
Designated Agent: Identify	Organization Affiliated Committee X Joby name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spor
		int Fundraising Represent	ative Leadership PAC Spor
Designated Agent: Identify		int Fundraising Representa	Leadership PAC Spon
Designated Agent: Identify  Full Name		int Fundraising Representa	Leadership PAC Spon
Designated Agent: Identify  Full Name		int Fundraising Representation	Leadership PAC Spon
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)	STATE	Leadership PAC Spon
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		

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

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(h). <b>Joint Fundraisi</b>	ng Participant:			
1.		FEC ID n	umber	C
2.		FEC ID n	umber	С
3.		FEC ID n	umber	C
4.		FEC ID n	umber	C
Name of Any Connected	Organization, Affiliated Committee, Join	Fundraising Repre	sentative,	or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST			
	STE 115			
Relationship:	ALEXANDRIA  CITY		VA TATE ▲	22314
ricialionship.	CITY	3	IAIL	ZIP CODE A
Designated Agent: Identi	Affiliated Committee  Ty by name, address (phone number – option	X Joint Fundraising R	epresentat	ive Leadership PAC Spo
			epresentat	ive Leadership PAC Spo
Designated Agent: Identi			epresentat	Leadership PAC Spo
Designated Agent: Identi			epresentat	Leadership PAC Spo
Designated Agent: Identi	y by name, address (phone number – option	onal)	epresentat	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	y by name, address (phone number – option	onal)	ATE A	
Pesignated Agent: Identi  Full Name   _   _    Mailing Address  TITLE OR POSITION	city by name, address (phone number – option of the control of the	onal)  ST/	ATE A ber	ZIP CODE A  funds, holds accounts, rents
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	city by name, address (phone number – option of the control of the	STA  Telephone Num  which the committee	ATE A ber	ZIP CODE   ZIP CODE   funds, holds accounts, rents

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

Page	of <sup>8</sup>	
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h). <b>Joint Fundrais</b> i	g . a		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI			
Mailing Address	P.O. BOX 509		
Mailing Address			
	ADUNATON		20046
	ARLINGTON	VA VA	22216
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join ify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Ident	ify by name, address (phone number – optional)  Line (phone number – optional)  City ▲		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A