

**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

bpolitical PAC

ADDRESS (number and street)

1325 Winter Street, NE, Unit 108

☐(Check if address  
is changed)

Minneapolis

CITY ▲

MN

STATE ▲

55413

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒(Check if address  
is changed)

kyle@bpoliticalpac.org

Optional Second E-Mail Address

federalcompliance@nossaman.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
12 / 30 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00711861

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 Frenette, Kyle, , ,

Signature of Treasurer

Frenette, Kyle, , ,

[Electronically Filed]








Date

MM / DD / YYYY  
12 / 30 / 2019

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

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

bpolitical PAC

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

None

Mailing Address

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

Frenette, Kyle, , ,

Mailing Address

1325 Winter Street, NE, Unit 108

Minneapolis

MN

55413

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

612

670

8710

## 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

Frenette, Kyle, , ,

Mailing Address

1325 Winter Street, NE, Unit 108

Minneapolis

MN

55413

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

612

670

8710

Full Name of  
Designated  
Agent

Lais, Roseanne, , ,

Mailing Address

1325 Winter Street, NE, Unit 108

Minneapolis

CITY

MN

STATE

55413

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

612

670

8710

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.

Capital Bank, N.A.

Mailing Address

2275 Research Blvd., Suite 600

Rockville

CITY

MD

STATE

20850

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F1N

Transaction ID :

Statement of Organization: Non-contribution Account. To Whom it May Concern: Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees. Respectfully Submitted, Kyle Frenette

Form/Schedule:

Transaction ID: