MINNESOTA CAMPAIGN FINANCE BOARD

MN CAMPAIGN FINANCE BD
OCT 22 '26 PM2:45

190 Centennial Office Building, 658 Cedar St, St Paul, MN 55155 cfb.mn.gov

2026 Disclosure Statement for Corporations and other Unregistered Associations Contributing to Independent Expenditure Committees and Funds

FILING INSTRUCTIONS

- **This statement must be provided to the independent expenditure committees and funds prior to the date on which the recipient committee or fund initially reports the contribution to the Board.**

DONOR INFORMATION

Unregistered association name GOPAC Election Fund	Name of officer responsible for this statement Molly Vinesett
Address [redacted]	Email address of officer mvinesett@gopac.org
City, state, and zip Arlington, VA 22209	Telephone number of officer (Daytime) 5714149669

INFORMATION ON CONTRIBUTION TO INDEPENDENT EXPENDITURE COMMITTEE OR FUND

Recipient independent expenditure committee or fund name	Registration number	Date of contribution	Amount of contribution
Renew Minnesota	41337	10/6/26	$1,200,000
Address [redacted]		For an in-kind contribution provide a brief description of the item or service given:	
City, state, and zip Minnetonka, MN 55345			

STATEMENT OPTIONS

Check one of the boxes below. If both the first and second boxes apply to your contribution check only the first box.

☐ 1. **Only business revenue was used to fund the contribution.** Check this box if only business revenue was used for the contribution. Only this page of the statement is provided to the recipient if the contribution was derived from business revenue.

☐ 2. **The donor has not contributed more than $5,000 to independent expenditure committees or funds this calendar year.** Check this box if the donor has contributed $5,000 or less in aggregate to all independent expenditure committees and funds in Minnesota in 2026. Only the disclosure information on this page of the statement is provided to the recipient if aggregate contributions are equal to or less than $5,000.

■ 3. **The donor used membership fees, membership dues, or contributions received from individuals or other corporations and associations to fund the contribution.** Check this box if aggregate contributions to independent expenditure committees and funds in Minnesota exceed $5,000, and business revenue was not used as the source of funding for the contribution. Schedule A1 of this statement must be completed and provided to the recipient committee.

CERTIFICATION

I, Molly Vinesett, **certify that this statement is complete, true, and correct.**
Print or type name

Molly Vinesett
Signature of Officer

10/6/26
Date

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to $3,000 and is subject to criminal prosecution for a gross misdemeanor.

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180; 800-657-3889; or through the Minnesota Relay Service at 800-627-3529.

SCHEDULE A1 - SOURCE OF FUNDING FOR CONTRIBUTION

Instructions on back. Make photocopies of this page if additional space is needed. **Page _____ of _____**

Name and full address of itemized sources of funding	Amount
	$
	$
	$
	$
	$
	$
	$
	$
Line A: Total of itemized sources of funding.	$
Line B: Amount of the contribution that is attributable to underlying sources that are not required to be itemized.	$
Line C: Amount of contribution derived from business revenue.	$
TOTAL AMOUNT OF CONTRIBUTION (Line A + Line B + Line C)	$ 1,200,000

It is unlawful to use this information for commercial purposes.