

**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

Midwest Values PAC

ADDRESS (number and street)

P.O. Box 583232

☐ (Check if address is changed)

Minneapolis

CITY ▲

MN

STATE ▲

55458

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@midwestvaluespac.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

http://midwestvaluespac.org

2. DATE

04 / 23 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00416131

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 Thomas Borman

Signature of Treasurer

Thomas Borman

[Electronically Filed]

Date

04 / 23 / 2015

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)

## 5. 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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought: ☐ House ☐ Senate ☐ President State \_\_\_\_\_ 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 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 Fundraising 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.

**Committees Participating in Joint Fundraiser**

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

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

Al Franken

Mailing Address

P.O. Box 583232

Minneapolis

CITY

MN

STATE

55458

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

Shelli Hesselroth

Mailing Address

P.O. Box 583232

Minneapolis

CITY

MN

STATE

55442

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

763

559

7737

**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

Thomas Borman

Mailing Address

P.O. Box 583232

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position  
Treasurer

Telephone number

Full Name of  
Designated  
Agent

Shelli Hesselroth

Mailing Address

P.O. Box 583232

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

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.

Bremer Bank

Mailing Address

2100 Bremer Tower

445 Minnesota Street

Saint Paul

CITY

MN

STATE

55101

ZIP CODE

Name of Bank, Depository, etc.

Venture Bank

Mailing Address

5601 Green Valley Drive, Ste. 120

Bloomington

CITY

MN

STATE

55437

ZIP CODE

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FEC Form 1G (Revised 06/2011)

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**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.

**[ ADDITIONAL ]**

City National Bank

Mailing Address

2029 Century Park East, B Level

Los Angeles

CA

90067

CITY ▲

STATE ▲

ZIP CODE ▲

**[ ADDITIONAL ]****Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Franken MVPs

Mailing Address

P.O. Box 583144

Minneapolis

MN

55458

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

**[ ADDITIONAL ]****Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant****[ ADDITIONAL ]**

FEC ID number

C

**FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)**

FEC Form 1G (Revised 06/2011)

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**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.

**[ ADDITIONAL ]**

Woodsboro Bank

Mailing Address

PO Box 36

Woodsboro

MD

21798

CITY ▲

STATE ▲

ZIP CODE ▲

**[ ADDITIONAL ]****Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

**[ ADDITIONAL ]****Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant****[ ADDITIONAL ]**

FEC ID number

C