

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 FEB -1 AM 11:35 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

X (Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

DFL SENATE COUNCIL

ADDRESS (number and street)

PO Box 65337

(Check if address is changed)

ST PAUL

MM

55165-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 06 2012

3. FEC IDENTIFICATION NUMBER

000380352

4. IS THIS STATEMENT

NEW (N)

OR

X

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 J. Kukiela

Signature of Treasurer

Thomas J Kukiela

Date

01 06 2012

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

12030730082

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  SUB (National, State or subordinate) committee of the  DEM (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

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Write or Type Committee Name

DFL SENATE CAUCUS

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

MINNESOTA DEMOCRATIC FARMER LABOR PARTY

Mailing Address

255 E PLATO BLVD

ST PAUL MN 55165

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 LIBBY KEEFE

Mailing Address 591 LINCOLN AVE

ST PAUL MN 55165

Title or Position

CITY

STATE

ZIP CODE

Record Keeper

Telephone number 612-328-5150

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 J. KURIELKA

Mailing Address 972 SCENIC DR

SHOREVIEW MN 55126

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 651-296-9384

12030730084

Full Name of Designated Agent

MIKE KENNEDY

Mailing Address

555 SHELBY AVE

ST PAUL MA 55102

CITY

STATE

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

651-983-1769

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.

Wells Fargo NA

Mailing Address

55 E Fifth St

ST PAUL MA 55101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030730085

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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1/25/12  
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No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

*JMN*  
PREPARER  
(3/2005)

*2/1/12*  
DATE PREPARED

12030730086