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(See reverse side for instructions)

This form should be filed after the Committee gualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL U.S. Bancorp Federal Political Ac			
(b) Number and Street Address 800 Nicollet Mall BC-MN-H210			2. FEC IDENTIFICATION NUMBER C00488882
(c) City, State and ZIP Code Minneapolis	MN	55402	3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) 4. and simultaneously qualified as a multicandidate committee through its on affiliation with:

Committee Name: _____

FEC Identification Number:

STATUS BY QUALIFICATION: 5.

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District		Date
(i)	Judy Biggert	House	IL	13	04/24/2012
(ii)	Jerry Moran	Senate	KS	00	05/14/2012
(iii)	Lynn Jenkins	House	KS	02	05/14/2012
(iv)	Mitch McConnell	Senate	KY	00	04/24/2012
(v)	Jeff Flake	Senate	AZ	00	05/14/2012

- (b) **Contributors:** The committee received a contribution from its 51st contributor on:____09/15/2010
- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____09/13/2010 _____.
- (d) Qualification: The committee met the above requirements on: _____05/14/2012

I certify that I have examined this Statement and	d to the best of my knowledge and belief it is true	e, correct and complete.
TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	[Electronically Filed] DATE
Deborah Burke	Deborah Burke	05/14/2012
	plete information may subject the person signing E IN INFORMATION SHOULD BE REPORTED	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
	For further information contact: Federal Election Commission, Washington, Toll-free 800-424-9530 Local 202-694-1100	DC 20463 FEC FORM 1M (Revised 1/2001)