

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEDERAL  
ELECTION COMMISSION

2007 JAN 29 A 9:28

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MINNESOTA SENATE MAJORITY CAUCUS

ADDRESS (number and street) PO Box 65337

(Check if address is changed) SAINT PAUL MN 55165

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 03 2007

3. FEC IDENTIFICATION NUMBER C 00380352

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 TARRA CLARK

Signature of Treasurer [Signature] Date 01 10 2007

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d)  This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MINNESOTA DEMOCRATIC FARMER LABOR PARTY

Mailing Address 255 E PLATO BLVD

SAINT PAUL MN 55165-0337

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

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Write or Type Committee Name

MINNESOTA SENATE MAJORITY CAUCUS

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

Saint Paul MN 55102

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 TARRYL CLARK

Mailing Address 5 WOODHILL ROAD

Saint Cloud MN 56301

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 320-229-3930

Full Name of Designated Agent THOMAS KUKIPIKA

Mailing Address 972 SCENIC DR

Shoreview MN 55126

Title or Position CITY STATE ZIP CODE

DEPUTY TREASURER

Telephone number 651-296-9384

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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 STREET

SANCT PAUL MN 55101-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jmd*  
**PREPARER**  
 (3/2005)

*1-29-07*  
**DATE PREPARED**

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