FEC

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STATEMENT OF ORGANIZATION

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ISIEMATE IMAJORITY ICHUCIGIS ADDRESS (number and street) (Check if address is changed) MN ZIP CODE A CITY A STATE ▲ COMMITTEE'S E-MAIL ADDRESS CAUCUSICOM COMMITTEE'S WEB PAGE ADDRESS (URL) AUCUISI COM COMMITTEE'S FAX NUMBER 651-251-63731 DATE C 00 38.0.352 FEC IDENTIFICATION NUMBER X IS THIS STATEMENT NEW (N) 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. CLARK Type or Print Name of Treasurer Date Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 02/2003) Toll Free 800-424-9530 Only Local 202-694-1100

	ed 02/2003)	Page 2
TYPE OF COMMITTEE	E (Check One)	<u> </u>
(a) j	. mittee is a principal campaign committee. (Complete the candidate information below	v.) _.
(b) This comm	mittee is an authorized committee, and is NOT a principal campaign committee. (Co	mplete the candidate
information		•
Name of Candidate		
) "	 	
Candidate	Office See See See See See See See See See S	State
Party Affiliation	Sought: House Senate President	District
(c) This com	nmittee supports/opposes only one candidate, and is NOT an authorized committee.	2.00
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Name of Candidate		
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(A) N	nmittee is a SuB or subordinate) committee of the DEM	Republican, etc.) Par
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(e) This com	mmittee is a separate segregated fund. mmittee supports/opposes more than one Federal candidate, and is NOT a separate	segregated fund or pa
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	dentify by name, address (phone number option	ALCHY all) and position of the person in	possession of committee
books and records.		, ,	
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Title or Position▼	CITY ▲	STATE ▲	ZIP CODE A
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Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the tr g., assistant treasurer).	reasurer of the committee; and	he name and address of
Full Name of Treasurer	RiRIYILI ICILIAIRIKI IIIII		L
Mailing Address	5 WOODALLE ROAL	<u> </u>	
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Full Name of Designated Agent	IOMASIKINKI JELLIKALI I		
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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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** フォロショロフ Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postrnarked Other (Specify): DATE PREPARED