

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

10 JUN 14 PM 1:06

Office use only

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

12FE4M5

Al Franken for Senate 2014

ADDRESS (number and street)

P.O. Box 583144

(Check if address is changed)

Minneapolis

MN

55458

CITY

STATE

ZIP CODE

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

(Check if address is changed)

campaignaccounting@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.alfranken.com

2. DATE

MM / DD / YYYY 06 / 08 / 2010

3. FEC IDENTIFICATION NUMBER

C C00480384

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

Assistant Type or Print Name of Treasurer Shelli Hesselroth

Assistant Signature of Treasurer Shelli Hesselroth

Date MM / DD / YYYY 06 / 08 / 2010

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

Table with 5 columns and 1 row. Column 1: Office Use Only. Other columns are empty.

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

FEC FORM 1 (Revised 02/2009)

10020403310

5. TYPE OF COMMITTEE (Check One)

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 Al Franken

Candidate Party Affiliation DEM Office Sought: House Senate President State MN District 00

- (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
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 - 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	<input checked="" type="checkbox"/> _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> _____

10020403311

Write or Type Committee Name

Al Franken for Senate 2014

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

Al Franken for Senate

Mailing Address

P.O. Box 583144

Minneapolis

MN

55458

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

Shelli Hesselroth

Mailing Address

P.O. Box 583144

Minneapolis

MN

55458

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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 583144

Minneapolis

MN

55458

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number **763** - **559** - **7737**

10020403312

Full Name of Designated Agent

Shelli Hesselroth

Mailing Address

P.O. Box 583144

Minneapolis

MN

55458

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

763

559

7737

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

Mailing Address

255 2nd Avenue S.

Minneapolis

MN

55405

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Venture Bank

Mailing Address

5601 Green Valley Drive, Ste. 120

Bloomington

MN

55437

CITY

STATE

ZIP CODE

10020403313

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]

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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

[ADDITIONAL]

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

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____

Joint Fundraiser Participant

[ADDITIONAL]

_____ FEC ID number C _____

10020403314

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]

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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

[ADDITIONAL]

4 Senate Victory

Mailing Address 4190 Vinewood Lane 111554

 Plymouth MN 55442

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

- Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____

Joint Fundraiser Participant

[ADDITIONAL]

_____ FEC ID number C _____

10020403315

Al Franken
DEMOCRAT FOR U.S. SENATE
P.O. BOX 583144
Minneapolis, MN 55458-3144

SCREENED
Office of Public Records
BY THE SENATE
POST OFFICE
MINNAPOLIS, MN 55458-3144

2230140517



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91330702001

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

USPS FIRST CLASS MAIL 06-08-10
Date of Receipt
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

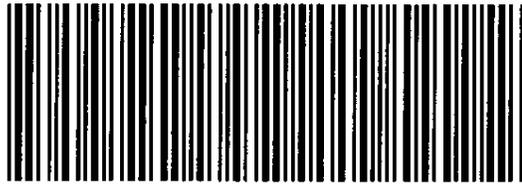
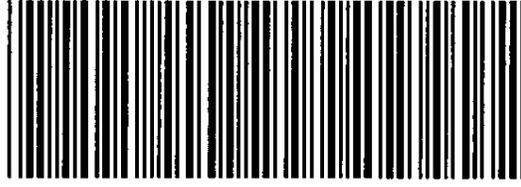
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 06-14-10

10020403317



10020403318