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FEC
FORM 1

STATEMENT OF
ORGANIZATION

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)

P.O. BOX 65337

(Check if address
is changed)

ST PAUL

MINN

55165

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

WWW / DD / YYYY

3. FEC IDENTIFICATION NUMBER ▶

C 00380352

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.

Type or Print Name of Treasurer

DALLAS C. SAMS

Signature of Treasurer

Date

MM / DD / YYYY

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)

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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

- (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

ST PAUL MN 55107

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

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

26039001368

Write or Type Committee Name

MINNESOTA SENATE MAJORITY Caucus

20080352

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 3600 Keanebice Dr

38

EAGAN MN 55127

Title or Position CITY STATE ZIP CODE

Record Keeper

Telephone number 651-454-5674

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 DALLAS C SAMS

Mailing Address 44910 COUNTY ROAD 21

STAPLES MN 55479-3029

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 218-894-3029

Full Name of Designated Agent THOMAS KULIBIKA

Mailing Address 972 SCENIC DRIVE

Shoreview MN

Title or Position CITY STATE ZIP CODE

DEPUTY TREASURER

Telephone number 651-294-9384

8. 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 BANK MINNEAPOLIS NA

Mailing Address

55 E 5TH ST

MINNEAPOLIS MN 55479-

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
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>2-17-06</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Senate Public Records Office	Date of Receipt <i>2-22-06</i>
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMP</i> PREPARER	<i>2-22-06</i> DATE PREPARED

(3/2005)

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