Image# 12952140459 PAGE 1 / 5

FEC FORM 1			TATEN RGAN							Office	· Use On	ıly		
1. NAME OF COMMITTEE (in	n full)	,	Check if name changed)		example: If ver the lin		ype	12F	E4M5					
U.S. Banco	orp Fe	deral	Politica	al Act	ion C	omn	nitte	e						
		1120 Co	nnecticut Ave	NIVA/										
ADDRESS (number a	nd street)	Suite 720												Ш.
X (Check if ac is changed)		Washing						DC		20036	-	<u> </u>		
				CITY				STATE			ZIP	CODE		
COMMITTEE'S E-MA			provide only on acmillan@usb		address)								1 1	
(Check if is change														
COMMITTEE'S WEB	PAGE ADI	DRESS (UF	RL)											
(Check if														
is change	u)													
2. DATE 06	M / D 18		2012											
3. FEC IDENTIFIC	CATION NU	JMBER	C	C00488	8882									
4. IS THIS STATE	MENT X	NEW	(N) O	R	A	MENDED) (A)							
l certify that I have ε	examined th	is Stateme	nt and to the	best of m	ny knowled	dge and	belief it	is true,	correct	t and c	omplete).		
Type or Print Name	of Treasurer	Kevin M	acMillan											
Signature of Treasure	Kevin M. er	lacMillan			[Electr	onically I	Filed]	Date	06	M /	19	/ Y	2012	<u> </u>
NOTE: Submission of			omplete inform								nalties o	of 2 U.S	S.C. §4	437g.
Office						ther infor				F	EC F	ORN	1 1	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	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. (Cominformation below.)	plete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
U.S. Bancorp F	Federal Political Action Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	Leadership PAC Sponsor
U.S. Bancorp Politica	I Participation Program	
Mailing Address	1120 Connecticut Avenue NW	
J	Suite 7202	
	Washington DC 2	20036-
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization X Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
Full Name Kevin Ma	cMillan	
Mailing Address	1120 Connecticut Ave NW	
Maining Addices	Suite 7202	
	Washington DC 2	20036-3902
	CITY STATE	ZIP CODE
Title or Position Treasurer		663 7671

Telephone number

1 20 1 21111 1 (110	evised 02/2009)	Page 4
Full Name of Designated Agent Carol	yn Lowry	
Mailing Address	1120 Connecticut Ave NW	
	Suite 7202	
	Washington DC	
Title or Position Assistant Treasurer	Telephone number	202 663 - 7672
Name of Bank, Deposito		
Name of Bank, Deposito		
Name of Bank, Deposite	ory, etc. Bank	
Name of Bank, Deposite	ory, etc. Bank	N 55101
Name of Bank, Deposite	P.O. Box 1800	
Name of Bank, Deposite	P.O. Box 1800 Saint Paul CITY STAT	
Name of Bank, Deposite U.S Mailing Address	P.O. Box 1800 Saint Paul CITY STAT	
Name of Bank, Deposite U.S Mailing Address	P.O. Box 1800 Saint Paul CITY STAT	
Name of Bank, Deposite U.S Mailing Address	P.O. Box 1800 Saint Paul CITY STAT	
Name of Bank, Deposite U.S Mailing Address	P.O. Box 1800 Saint Paul CITY STAT	
Name of Bank, Deposite U.S Mailing Address	P.O. Box 1800 Saint Paul CITY STAT	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor U.S. Bancorp 800 Nicollet Mall Mailing Address BC-MN-H210 MN 55402-7000 Minneapolis **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number