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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (if 1(a))

(Check if name is changed)

Example: If typing, type over the lines.

12FR4MS

Minnesota Senate Majority Caucus

~~P.O. Box~~

ADDRESS (number and street)

P.O. Box 65337

(Check if address is changed)

St Paul

MN

55165-0337

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07 17 2002

3. FEC IDENTIFICATION NUMBER ▶

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

Senator Robert Cohen

Signature of Treasurer

*Robert Cohen*

Date

7 17 2002

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 800-424-3680  
Local 202-684-1100

FEC FORM 1  
(Revised 1/01)

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.

B. Name of Any Connected Organization or Affiliated Committee

DFL Party of Minnesota  
~~155 E Plato Blvd~~

Mailing Address 155 E Plato Blvd  
IS  
St. Paul MINN 551  
 CITY STATE ZIP CODE

Relationship Subordinate

Type of Connected Organization:

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

Write or Type Committee Name

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 Koefie

Mailing Address 3600 Kennebec Drive

3B

Essex MA 01512-21

Title or Position Record Keeper CITY MA STATE MA ZIP CODE 01512-21

Telephone number (651)-454-1567

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 Richard Cohen

Mailing Address 571 Section Ave South

St. Paul MA 01571-18

Title or Position Treasurer CITY MA STATE MA ZIP CODE 01571-18

Telephone number

Full Name of Designated Agent Thomas Kukielka

Mailing Address 972 Seaside Drive

Shoreview MA 01551-26

Title or Position Deputy Treasurer CITY MA STATE MA ZIP CODE 01551-26

Telephone number (651)-276-0354

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 Bank, N.A.

Mailing Address

155 East 15th Street

Minneapolis, MN 55479

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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(6/2000)