## RECEIVED FEC MAIL CENTER

2014 SEP 14 AM 10: 22

## FEC FORM 1

## STATEMENT OF ORGANIZATION

FORIVI I		(See instruction	ons)		Office use only
NAME OF COMMITTEE (in fi	ull)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	nononning were eine som
U.S. Bancorp F	ederal Politica	l Action Committe	ee ·		
	; 	<u>                                     </u>	<u> </u>		<u> </u>
ADDRESS (number and st	reet) 80(	Nicollet Mall BC	-MN-H210		
(Check if address	L		<u></u>		
is changed)	Mi	neapolis		MN L	55402
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL	•		•		
(Check if address is changed)	Jai	mes.Nikolai@usba	ank.com		
			<del></del>		
COMMITTEE'S WEB P	AGE ADDRESS	(URL)			
(Check if address				<u> </u>	
is changed)	ــــا	· <u>                                     </u>	<u> </u>		
2. DATE M M M O 9  3. FEC IDENTIFICATE  4. IS THIS STATEME	and .	2010 2010 EW (N) OR	C AMENDED (A)	Andre G	
I certify that I have examing Type or Print Name of Signature of Treasurer		Deborah Burke	Burke	und complete	] ' [°09] '   <u>'</u> 2010
NOTE: Submission of fals			y subject the person signing this Stat TION SHOULD BE REPORTED	·	- •
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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FEC Form 1 (Revised 02/2009)

	TYPE	OF CC	DMMITTEE (Check One)
	Cand	idate C	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 Cand		
	Cand Party	idate Affiliati	on Office State Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Cand		
	Party	Comm	iittee:
	(d)		(National, State (Democratic, Republican, etc.) Party.
	Politi	cal Act	ion Committee (PAC):
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		l	X Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			X In addition, this committee is a Lobbyist/Registrant PAC.
	<b>(f)</b>		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	Fundra	ising Representative:
	(g)		This committee coflects 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.
		Com	mittees Participating in Joint Fundraiser
			1. FEC ID number
			2. FEC ID number C
			3. FEC ID number
	•		4. FEC ID number

Write or Type Committee Name			
	•		
U.S. Bancorp Federal	Political Action Committee		
. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	ership PAC Sponsor
U.Ş.Bancorp			
<u> </u>	, , , 800 Nicollet Mali	<u></u>	<u> </u>
Mailing Address			
	BC-MN-H21O		
	Minneapolis	MN L	55402
	CITY▲	STATE A	ZIP CODE
Relationship:			C
X Connected Organization	on Affiliated Committee Joint Fur	ndraising Representative	Leadership PAC Sponsor
Mailing Addæss	800 Nicollet Mall  BC-MN-H210		
	Minneapplis	MN	55402 _
Title or Position <b>▼</b>	Minneapρlis . CITY ▲	MNSTATE A	55402
•	CITY A		
Govt Rel  3. Treasurer: List the name name and address of ar	CITY A	STATE A elephone number 612	ZIP CODE A - 303 - 0746
Govt Rel  Treasurer: List the name name and address of ar  Full Name	e and address (phone number – optional) of the designated agent (e.g., assistant treasurer).	STATE A elephone number 612	ZIP CODE A - 303 - 0746
Govt Rel  Treasurer: List the name name and address of ar  Full Name of Treasurer Debo	ations Dir.  To a and address (phone number — optional) of the and designated agent (e.g., assistant treasurer).	STATE A elephone number 612	ZIP CODE A - 303 - 0746
Treasurer: List the name name and address of ar Full Name of Treasurer Debo	e and address (phone number — optional) of the designated agent (e.g., assistant treasurer).  brah Burke  800 Nicollet Mall	STATE A elephone number 612	ZIP CODE A - 303 - 0746
Govt Rel  Treasurer: List the name name and address of ar  Full Name of Treasurer Debo	e and address (phone number — optional) of the ny designated agent (e.g., assistant treasurer).  brah Burke  800 Nicollet Mall  BC-MN-H210	STATE A elephone number 612 ne treasurer of the committee	ziP CODE A - 303 - 0746 ee; and the

FEC Form 1 (Rev	ised 02/2009)			Page 4
Full Name of Designated Agent	James Nikolai			
Mailing Address	800 Nicollet Mall			
	BC-MN-H210			
	Minneapolis		<u>//N</u>	55402 –
Title or Position ♥	CITY A	ST/	ATE A	ZIP CODE A
Assist	ant Treasurer	Telephone number	612	_ 303 7860
Name of Bank, Deposito	.S. Bank			1
Mailing Address	800 Nicollet Mall			
•			1111	
•	<b>Minneapolis</b>		MN	55402
·	CITY 🗻	SI	ATE 🕰	ZIP CODE 🛕
Name of Bank, Deposito	ory, etc.			
Mailing Address				
			<u> </u>	
·				
	CITY 🗖	S	TATE <b>△</b>	ZIP CODE 🛕

Name of Bank, Deposito	ńy, etc.			[ADDITIONAL]
1		1   1   1   1   1   1   1   1   1   1		
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Mailing Address				
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		CITY 🗻	STATE 4	ZIP CODE 🛕
Name of Any Connecte U.S. Bancorp Politic	_	iated Committee, Joint Fundra	ilsing Representative, o	[ ADDITIONA or Leadership PAC Sponsor
			<del></del>	<del>_                                    </del>
	<u>.   .   .   .   .   .   .   .   .   .  </u>	1.	1 1 1 1 1 1 1	
Mailing Address	800 Nicolle	et Mall BC-MN-H210		1_1_1_1_1_1_
	Minneapol	fis -	MN	55402
tionship:		CITY▲	STATE	▲ ZIP CODE ▲
Connected Organization	X Affiliated	Committee Joint Fundra	aising Representative	Leadership PAC Sponsor
Designated Agent				[ ADDITIONAL ]
1				
Full Name	<del></del>			
Mailing Address				
_				<del></del>
-				. <u> </u>
		<u> </u>	<del></del>	
		CITY A	STATI	EA ZIP CODE A
Title or Position ♥		CITY A	STATI	ZIP CODE A
		CITY A	STATI	ZIP CODE 14
		CITY A		ZIP CODE à

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how if was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** 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 UPS Overnight Delivery Service (Specify): 9/13/10 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 Postmarked Other (Specify): DATE PREPARED