Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wells Fargo and Company Employees Good Government Federal Fund II 90 S. 7th Street MAC N9305-16C ADDRESS (number and street) (Check if address is changed) Minneapolis 55402 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kai.c.bjerkness@wellsfargo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00300178 FEC IDENTIFICATION NUMBER 3. 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. Bjerkness, Kai, C., Mr., Type or Print Name of Treasurer Bjerkness, Kai, C., Mr., [Electronically Filed] 20 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 s 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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
`′ Ц	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	
3.	FEC ID number	
4.		

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۱۸	FEC Form 1 (Revised Contribution of Type Committee Name		гауе э
		Company Employees Good Government Fede	aral Fund II
\ 6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	
	•		o i vo abolisoi
	/ells Fargo and Comp	oany 	
	Mailing Address	90 S. 7th Street MAC N9305-16C	
		Minneapolis MN 55402	
		CITY STATE Z	IP CODE
	Relationship: x Connected	I Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
			-
' .	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	Bjerkness,	Kai, C., ,	1
	Full Name	,90 S. 7th Street MAC N9305-16C	
	Mailing Address		
		No. 17	
		Minneapolis MN 55402	
	Title or Position	CITY STATE ZI	P CODE
	Treasurer	Telephone number 612 - 31	6 3857
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name issistant treasurer).	e and address of
	Full Name Bjerkness, of Treasurer	Kai, C., Mr.,	
	Mailing Address	90 S. 7th Street MAC N9305-16C	
		Minneapolis	-
	Title or Desition	CITY STATE ZI	P CODE
	Title or Position Treasurer		6 3857

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Full Name of Designated Agent Gand	oe, Donovan, , ,	
Mailing Address	90 S. 7th Street MAC N9305-16C	
	Minneapolis MN CITY STATE	55402 ZIP CODE
Title or Position Assistant Treasurer		
We	ells Fargo Bank, N.A.	
Mailing Address	301 South College St.	
Mailing Address	301 South College St.	
Mailing Address	301 South College St. Charlotte NC	28288
Mailing Address		ZIP CODE
	Charlotte NC CITY STATE	
	Charlotte CITY STATE itory, etc.	ZIP CODE
Name of Bank, Deposi	Charlotte NC CITY STATE	
Name of Bank, Deposi	Charlotte CITY STATE itory, etc.	ZIP CODE
Mailing Address Name of Bank, Deposi Mailing Address	Charlotte CITY STATE itory, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir		FEC ID number	C
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Wells Fargo and	Company Employee PAC (aka Wells	Fargo Employee	e PAC)
Mailing Address	90 S. 7th Street MAC N9305-16C		
	Minneapolis	MN	55402
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represente	Leadership PAC S
esignated Agent: Identif		Fundraising Represents	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1				
2.			FEC ID numbe	r C
			FEC ID numbe	r C
3.			FEC ID numbe	r C
4			FEC ID numbe	r C
=		Organization, Affiliated Committee, Joint Fu	= -	
Mailing A	uddress	301 South College Street		
Mailing A				
		Charlotte	, NC	28288-0024
Relations	hin:	CITY A		
neiations	ilip.	CITY	STATE	▲ ZIP CODE ▲
Full Name				
Full Name Mailing Add	dress			
	dress			
	dress			
Mailing Ado	dress	CITY A	STATE A	ZIP CODE A