STATEMENT OF

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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. Alicia Donahue for US Congress 15805 26th Ave N ADDRESS (number and street) Unit D (Check if address is changed) Plymouth 55447 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@aliciadonahue.com (Check if address is changed) Optional Second E-Mail Address aliciadonahue@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.aliciadonahue.com (Check if address is changed) DATE 2017 C00640102 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. Blaschko, Diana, , , Type or Print Name of Treasurer Blaschko, Diana, , , [Electronically Filed] 05 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 Only

Local 202-694-1100

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		COMMITTEE	
Can		e 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. (Compleinformation below.)	ete the candidate
Nam Cand	e of didate	Donahue, Alicia, , ,	
	didate	Office DFL Sought: House Senate President	State
Party	/ Affiliati	ion DFL Sought: X House Senate President	District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		· · ·	emocratic, epublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
		Corporation Corporation w/o Capital Stock	_abor 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 segrecommittee. (i.e., nonconnected committee)	egated 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 Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		9
	e for US Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representation	tive, or Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
maining / taal ooc		
	CITY STAT	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	ne person in possession of committee
	ko, Diana, , ,	
Full Name Mailing Address	6012 West 39th Street	
Walling / Radioss		
	Saint Louis Park MN	55416
Title or Position	CITY STATE	ZIP CODE
Treasurer		952 - 240 - 4837
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the commi	ttee; and the name and address of
Full Name Blaschk	o, Diana, , ,	
Mailing Address	6012 West 39th Street	
	Saint Louis Park	55416
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	952 - 240 - 4837

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Full Name of Designated Agent		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposit oxes or maintains funds. Depository, etc.	s funds, holds accounts, rents
safety deposit b	Depository, etc. TCF Bank 15525 34th Ave N	
safety deposit b Name of Bank,	Depository, etc. TCF Bank 15525 34th Ave N	s funds, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. TCF Bank 15525 34th Ave N	
safety deposit b Name of Bank,	Depository, etc. TCF Bank 15525 34th Ave N Plymouth CITY STATE	[55447
safety deposit b Name of Bank, Mailing Address	Depository, etc. TCF Bank 15525 34th Ave N Plymouth CITY STATE	55447
safety deposit b Name of Bank, Mailing Address	Depository, etc. TCF Bank 15525 34th Ave N Plymouth CITY STATE Depository, etc.	55447
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. TCF Bank 15525 34th Ave N Plymouth CITY STATE Depository, etc.	55447
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. TCF Bank 15525 34th Ave N Plymouth CITY STATE Depository, etc.	55447