

SECRETARY OF THE SENATE
06 AUG 17 AM 10:18

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

~~Minnesota Missouri~~ Democratic Victory Fund

ADDRESS (number and street) 120 Maryland Avenue NE

(Check if address is changed) Washington DC 20002

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
None

COMMITTEE'S WEB PAGE ADDRESS (URL)
None

COMMITTEE'S FAX NUMBER

2. DATE 07 / 24 / 2006

3. FEC IDENTIFICATION NUMBER C

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 John Patrick Anderson

Signature of Treasurer  Date 07 / 24 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

26020600026

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 (National, State (or subordinate) committee of the (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.

6. Name of Any Connected Organization or Affiliated Committee

KLOBUCHAR FOR MINNESOTA _____

Mailing Address PO BOX 4146 _____

ST PAUL MN 55104 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

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

26020600027

Write or Type Committee Name

Minnesota Missouri Democratic Victory Fund

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 John Patrick Anderson

Mailing Address 120 Maryland Avenue NE

Washington DC 20002

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____ - _____ - _____

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 John Patrick Anderson

Mailing Address 120 Maryland Avenue NE

Washington DC 20002

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____ - _____ - _____

Full Name of Designated Agent Whitney W. Burns

Mailing Address P.O. Box 1174

Springfield VA 22151

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number _____ - _____ - _____

26020600028

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.

Bank of America

Mailing Address

730 15th Street NW

Washington

DC

20006

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

MCCASKILL FOR MISSOURI

Mailing Address

PO BOX 6771

ST LOUIS

MO

63144

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Participant

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

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26020600032

7/16/99
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POST OFFICE

Yatt
174
d, VA 22151

RECEIVED MAIL



7005 2570 0000 8642 0064

U.S. POSTAGE
PAID
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RUC 22151-05
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Senate Public Records Office
P.O. Box 5709
Alexandria, VA 22307

SECRETARY OF THE SENATE
06 AUG 17 AM 10:00

U.S. SENATE

25060902092

EMILY J. REYNOLDS
SECRETARY

PAMELA E. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
Suite 282
WASHINGTON, DC 20510-7116
PHONE: (202) 224-6322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

USPS FIRST CLASS MAIL _____

USPS REGISTERED/CERTIFIED _____

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08.14.06
Postmark

USPS PRIORITY MAIL _____

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

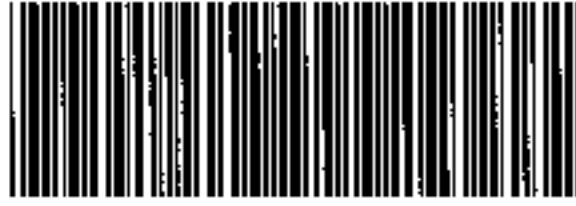
RD

DATE PREPARED

08.17.06

26020600033

26020600034



26020600034