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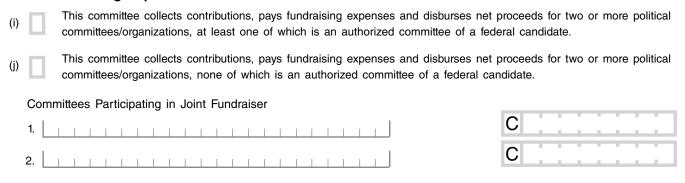
PAGE 1 / 4 🗕

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Offi	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Midwest Values				
ADDRESS (number and stre	eet) P.O. Box 582864			
(Check if addrest is changed)	3S			
is changed)	Minneapolis └──└──└──└── CITY ▲		MN 5545 STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DDRESS			
(Check if addrest is changed)	ss shellihesselroth@gmail.com			
	Optional Second E-Mail Addr alęxaņdra@foxholecommuņicatio			
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 06	13 / Y Y Y Y 2024			
3. FEC IDENTIFICATIO	N NUMBER ► C Coo	0416131		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best o	of my knowledge and belief it i	s true, correct and	complete.
Type or Print Name of Trea	asurer Borman, Thomas, , ,			
Signature of Treasurer	Borman, Thomas, , ,		Date 06	13 / Y Y Y Y 2024
NOTE: Submission of false,	erroneous, or incomplete information rr ANY CHANGE IN INFORMATI	nay subject the person signing th ON SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate 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. (Comp information below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate President	State t District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association C	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	brid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



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		F	EC	F	orn	n 1	(F	Rev	ise	d C)2/2	2009	9)																											F	Pag	ge 3	3	
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	L																						
	L																						
Mailing Address																							

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Hesselroth	Shelli, , ,
Full Name	
Mailing Address	P.O. Box 582864
	Minneapolis MN 55458
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant 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	Borman, Thomas, , ,											
Mailing Address	P.O. Box 582864											
	Minneapolis MN55458											
	CITY ▲ STATE ▲ ZIP CODE ▲											
Title or Position ▼												
Treasurer	Image: Telephone number Image: Telephone number											

FEC Form 1 (Revised 02/2009)	FEC	Form	1	(Revised	02/2009)	
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Full Name of Designated Agent	Hesselroth, S	Shelli, , ,					1	1	1				1	1						1						
Mailing Address		P.O. Box 5828	64																							
		Minneapolis													Ľ	MN			554	58				·		
				СП	ΓY Δ									:	STA	ΑΤΕ					Z	IP	COI	DE		
Title or Position	▼																									
Assistant Treasu	rer								-	Fele	eph	one	e ni	umł	ber					- [

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.

Ľ	Drake Bank		
Mailing Address	60 Plato Blvd E, Ste 100		
	Saint Paul	MN 55107	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Dep	pository, etc.		
	Woodsboro Bank		
Mailing Address	P.O. Box 36		
	Woodsboro	MD 21798	
	CITY 🔺	STATE A	ZIP CODE ▲