STATEMENT OF

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FEC FORM 1		_	RGANI		_							Office	Use C	Only			
1. NAME OF	IIV		Check if name		-	f typing,	type	T	12F	E4M		Office	036 (Jilly			
COMMITTEE (ir			changed)		er the li	nes.			_	_		_					
Amy Klobu	char V	ictory	Commi	ttee													Ш
																	Ш
ADDRESS (number a	nd street)	611 Penns	sylvania Ave S	E													
(Check if a is changed		Ste 143									ı						Ш
is changed	4)	Washingto	on 	1 1 1					DC		20	0003		-	.	ı	
		CIT	YA						STATI	E 🛦			Z	ZIP C	ODE	A	_
COMMITTEE'S E-MA	AIL ADDRES	SS															
(Check if a is changed		klobuch	nar@mbacg	ı.com													
		Optional S	Second E-Mai	l Address													
																	Ш
COMMITTEE'S WEB		DRESS (UR	L)														
is changed																	
2. DATE 0	7 15		y y y 2023														
3. FEC IDENTIFIC	CATION NU	IMBER ▶	С	C006283	354												
4. IS THIS STATEM	MENT	NEW ((N) OF	R [x /	MENDE	D (A)										
I certify that I have e	examined thi	is Statemer	nt and to the	best of my	knowle	dge and	l belief	it is	true,	corre	ct ar	nd co	mple	te.			
Type or Print Name	of Treasurer	Mele, Ste	ven, , ,														
Signature of Treasure	er <i>Mele, S</i>	Steven, , ,			[Electr	onically I	Filed]	Da	ate	_	D7	/	15] ′ [)23	Y
NOTE: Submission of	false, errone		mplete informa NGE IN INFOI									e per	nalties	of 52	2 U.S.	.C. §3	30109.
Office Use Only					Federa Toll Fr	rther info Il Election ee 800-42	Commi: 4-9530		act:						RM ./2012)		 J

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
	on accounts (Hybrid PAC)
	on accounts (Hybrid FAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
Klobuchar for Minnesota	C C00431353
Minnesota Democratic-Farmer-Labor Party	C C00025254

	FEC Form 1 (Revised 0)	2/2009)	Page 3
W	/rite or Type Committee Name	\". \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	-	· Victory Committee	
6.	Name of Any Connected Or NONE	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
	Mailing Address		
		<u> </u>	
			-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
]
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in posses	ssion of committee
	Mele, Steve	n, , ,	
	Full Name	<u> </u>	
	Mailing Address	611 Pennsylvania Ave SE	
		Ste 143	
		Washington	-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the r ssistant treasurer).	name and address of
	Full Name Mele, Steve	n, , ,	
	of Treasurer		
	Mailing Address	611 Pennsylvania Ave SE	
		Ste 143	
		Washington	-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	- -	
	Treasurer	Telephone number	

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Thompson, Colby, , ,		
Mailing Address	611 Pennsylvania Ave SE	<u> </u>	
	Ste 143		
	Washington	DC 20	003
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treas	urer Teleph	one number	
	Depositories: List all banks or other depositories in which the coxes or maintains funds.	committee deposits funds,	holds accounts, rents
Name of Bank,	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 200	006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	US Bank	1 1 1 1 1 1	
Mailing Address	1071 Grand Ave		
	Saint Paul	MN 551	05
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:					
	Follow the Nort	th Star Fund		FEC	ID number	C C00431874	
	2.			FEC	ID number	С	
	3.			FEC	ID number	С	
	4.			FEC	ID number	С	
6.	Name of Any Connected	Organization, Affiliate	ed Committee, Join	t Fundraising R	epresentativ	e, or Leadership PA	AC Sponsor
	Mailing Address						
	Relationship:		CITY A		STATE ▲	ZIP CC	DDE 🛦
8.	Designated Agent: Identify		hone number – onti	Joint Fundrais	ng Represent	ative Leadershi	p PAC Sponsor
0.	Full Name	y by name, address (p					
	Mailing Address						
	Ç						
					1 . 1	1	_
	TITLE OF FOOITION	_	CITY A		STATE A	ZIP COE	DE 🛦
	TITLE OR POSITION	▼		Telephone	Number _		- [
9.	Banks or Other Deposito	ries: List all banks or	other depositories in	which the comr	nittee deposit	ts funds, holds accor	unts, rents
	safety deposit boxes or ma	aintaine funde					
	salety deposit boxes of the	aintains iunus.					
	Name of Bank, Depository, etc.						
	Name of Bank,						
	Name of Bank, Depository, etc.						
	Name of Bank, Depository, etc.		CITY A		STATE A	ZIP COL	