## 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) over the lines. is changed) U.S. Bancorp Federal Political Action Committee 950 F Street NW ADDRESS (number and street) Suite 750 (Check if address is changed) Washington 20004-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kevin.macmillan@usbank.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00488882 FEC IDENTIFICATION NUMBER 3. X 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. Kevin MacMillan Type or Print Name of Treasurer Kevin MacMillan [Electronically Filed] 07 10 2015 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
	naidate	e Committee:				
(a)	ш	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.)				
Nam Can	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Nam Cand	ne of didate					
Par	ty Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, lepublican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a			
		X 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 NO committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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	nt Fund	raising 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.	o 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	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

[	20 (2000)		5. 2					
FEC Form 1 (Revised C			Page 3					
Write or Type Committee Name		O :44						
U.S. Bancorp Federal Political Action Committee								
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fu	ındraising Representative	e, or Leadership PAC Sponsor					
U.S. Bancorp Political	Participation Program							
Mailing Address	950 F Street NW							
Mailing Address	Suite 750							
	Washington	DC	20004-					
	CITY	STATE	ZIP CODE					
Relationship: Connected	d Organization X Affiliated Committee J	oint Fundraising Represen	tative Leadership PAC Sponsor					
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ntify by name, address (phone number opt	ional) and position of the	person in possession of committee					
Ashley Wir	nfree							
Full Name	950 F Street, NW							
Mailing Address	Suite 750							
		DC.	,20004-1487					
	Washington	DC	20004-1407					
Title or Position	CITY	STATE	ZIP CODE					
Custodian of Records		Telephone number	202   -   442   -   2712					
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee	e; and the name and address of					
Full Name Kevin Macl	Millan		ı					
of Treasurer	1050 E Stroot NW							
Mailing Address	950 F Street NW							
	Suite 750							
	Washington	DC	20004-1487					
Title or Position	CITY	STATE	ZIP CODE					
Treasurer		Telephone number	202 442 - 2711					

9.

Full Name of Designated Agent Mailing Address    Suite 750	FEC <b>Form 1</b> (Revise	d 02/2009)	Page <b>4</b>					
Designated Agent  Agent  Mailing Address  Suite 750  Washington  CITY  STATE  ZIP CODE  Title or Position  Assistant Treasurer  Telephone number  202 - 442 - 2712  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.  U.S. Bank  Mailing Address  P.O. Box 1800  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.								
Suite 750  Washington  CITY  STATE  ZIP CODE  Title or Position Assistant Treasurer  Telephone number  202 - 442 - 2712  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.  U.S. Bank  P.O. Box 1800  Saint Paul  MN  S5101  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.	Designated Ashley Wi	infree						
Washington  CITY  STATE  ZIP CODE  Title or Position Assistant Treasurer  Telephone number  Telephone	Mailing Address	950 F Street, NW						
CITY STATE ZIP CODE  Title or Position Assistant Treasurer Telephone number  202 - 442 - 2712  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.  U.S. Bank  P.O. Box 1800  CITY STATE ZIP CODE  Name of Bank, Depository, etc.		Suite 750						
Assistant Treasurer  Telephone number  202 - 442 - 2712  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.  U.S. Bank  P.O. Box 1800  Saint Paul  MN   55101  CITY STATE ZIP CODE								
Safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  U.S. Bank  Mailing Address  P.O. Box 1800  Saint Paul  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.		Telephone number 202 - 44	12 - 2712					
Saint Paul  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.	safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  U.S. Bank  P.O. Box 1800							
CITY STATE ZIP CODE  Name of Bank, Depository, etc.	Mailing Address							
Name of Bank, Depository, etc.		Saint Paul 55101						
		CITY STATE Z	IP CODE					
Mailing Address	Name of Bank, Depository, etc.							
Mailing Address								
	Mailing Address							
T								
CITY STATE ZIP CODE		CITY STATE Z	IP CODE					

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Amended to change Assistant Treasurer and Custodian of Records.

Form/Schedule: Transaction ID:

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor U.S. Bancorp 800 Nicollet Mall Mailing Address Bc-M MN 55402-7000 Minneapolis **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number