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07/10/2024 10 : 34

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STATEMENT OF	
ORGANIZATION	

FORM 1			Office Use O	nlv
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	,
Klobuchar for Minn	esota			1
ADDRESS (number and street)	PO Box 4146			
(Check if address is changed)				
	Saint Paul └────────────────────────────────────		MN 55104 STATE ▲ Z	IP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	klobuchar@mbacg.com			
	Optional Second E-Mail Add	ress		
2. DATE 07 10				
	, 2024			
3. FEC IDENTIFICATION N	UMBER ► C CO	0431353		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief it i	s true, correct and complete	9.
Type or Print Name of Treasure	r Clark, Samuel, , ,			
Signature of Treasurer Clark	s, Samuel, , ,		Date 07 / 10	2024
NOTE: Submission of false, error		nay subject the person signing th ION SHOULD BE REPORTED V		of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ntact: FEC F	ORM 1 d 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Klobuchar, Amy, , , Candidate State MN Candidate Office DFL Senate House President Party Affiliation Sought: District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 segregated fund or party committee. (i.e., nonconnected committee) 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 (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

	FEC Form 1 (Revised 0	2/2009)	Page 3
N	Vrite or Type Committee Name		
	Klobuchar for Mi	nnesota	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Amy Klobuchar Victo	ry Committee	
	Mailing Address	611 Pennsylvania Ave SE	
		Ste 143	
		Washington DC 20003	
		CITY ▲ STATE ▲ ZIP	CODE

Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC Sponsor

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

Mele, Stev	en, , ,		
Full Name			
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC 20003	
		STATE 🔺	ZIP CODE
Title or Position ▼			
Assistant Treasurer	Telephone n	umber	

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	Clark, Samuel, , ,
of Treasurer	
Mailing Address	PO Box 4146
	Saint Paul MN 55104
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Mele, Steven, , ,
Mailing Address	611 Pennsylvania Ave SE
	Ste 143
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasu	rer

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.

Sunrise	Banks		
Mailing Address	2265 Como Ave		
	Saint Paul	MN 55108	
	CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, Depository,	etc.		
Wester	n Bank		
Mailing Address	663 University Ave West		
	Saint Paul	MN 55014	
	CITY A	STATE A	ZIP CODE

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	The Klobuchar Victor	y Committee		
	Mailing Address	611 Pennsylvania Ave SE]
		Ste 143		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE A
	Connected	d Organization	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number - optional)		
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
8.		v by name, address (phone number – optional)		
8.	Full Name	<pre>v by name, address (phone number - optional)</pre>		
8.	Full Name	<pre>v by name, address (phone number - optional)</pre>		
8.	Full Name			
8.	Full Name		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Full Name	CITY A	lephone Number	
8.	Full Name		lephone Number	
	Full Name Mailing Address TITLE OR POSITION		lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,US Bar		lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, US Bar Depository, etc.		lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, US Bar Depository, etc.		lephone Number	

5(g) or	(h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
-				
6. M	-	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Cantwell Klobuchar F	Rosen 2024 State Victory Fund		
	Mailing Address	401 2nd Ave S		
	J	Ste 303		
			WA _	98104
	Deletionshin			
	Relationship:		STATE 🔺	ZIP CODE
3. C		y by name, address (phone number – optional)		
	Full Name	1		
	Mailing Address			
	Mailing Address			
				· · · · · · · · · · · · · · · · · · ·
	Mailing Address	I ▼		
s	Mailing Address TITLE OR POSITION	Te T	elephone Number	
s	Mailing Address TITLE OR POSITION TITLE OR POSITION Banks or Other Deposito Gafety deposit boxes or m Name of Bank, Amalg Depository, etc.	↓ ↓ Te pries: List all banks or other depositories in which aintains funds. Te amated Bank ↓ ↓	elephone Number	
s	Mailing Address TITLE OR POSITION TITLE OR POSITION Banks or Other Deposito Gafety deposit boxes or m Name of Bank, Amalg Depository, etc.	↓ ↓ Te pries: List all banks or other depositories in which aintains funds. Te amated Bank ↓ ↓	elephone Number	

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number C	
	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leadership PAC Spons	or
	Women Senators Ma	king History		.
	Mailing Address	600 Pennsylvania Ave SE		
		#15180		
		Washington		
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲	
	Connected	Affiliated Committee X Joint F	Fundraising Representative Leadership PAC Spo	onsor
8.	Designated Agent: Identify	v by name, address (phone number - optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		<pre>v by name, address (phone number - optional) </pre>		
8.	Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
8.	Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
8.	Full Name			
8.	Full Name			
	Full Name		ephone Number	
9.	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositon safety deposit boxes or main Name of Bank,	CITY ▲ CITY ▲ Tele	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY ▲ CITY ▲ Tele	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY ▲ CITY ▲ Tele	ephone Number	

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5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
_	4.		FEC ID number	С
6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Minnesota Senate Vic	tory 2024		
	Mailing Address	120 Maryland Ave NE		
		Washington		20002
	Relationship:		STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
9 г	Designated Agent: Identify	by name address (phone number – optional)		
8. C		by name, address (phone number - optional)		
8. C	Designated Agent: Identify	by name, address (phone number - optional)		
8. E		by name, address (phone number - optional)		
8. E	Full Name	by name, address (phone number - optional)		
8. C	Full Name	by name, address (phone number – optional)		
8. C	Full Name			
8. E	Full Name		Iephone Number	
9. E	Full Name		lephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION		lephone Number	
9. E S	Full Name		lephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.		lephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.		lephone Number	

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5(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
6. Name	e of Any Connected C	organization, Affiliated Committee,	Joint Fundraising Re	epresentative	. or Leadership PAC Sponsor
	NV WA WI Victory		J	•	,
	Mailing Address	600 Pennsylvania Ave SE #15180			
		Washington		DC	20003
	Relationship:	CITY A		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee	× Joint Fundraisi	ng Representa	tive Leadership PAC Sponsor
° Decia	noted Agent, Identify	by name, address (phone number	antional		
		by name, address (phone number –	optional)		
	nated Agent: Identify	by name, address (phone number –	optional)		
Fu		by name, address (phone number -	optional)		
Fu	ull Name	by name, address (phone number -			
Fu	ull Name	by name, address (phone number -	optional)		
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Fu	ull Name		optional)		
Ft M 1 	ull Name			Number	
Ft M 1 9. Banks	ull Name	CITY A		Number	
Fu M 9. Bank a safety Name	ailing Address	CITY A		Number	
Fu M 9. Bank a safety Name	ailing Address	CITY A		Number	
Fu M 9. Bank a safety Name	ailing Address	CITY A		Number	
Fu M 9. Bank a safety Name	ailing Address	CITY A		Number	

1.				FI	EC ID number	С	
2.				FI	EC ID number	C	
3.				, FI	EC ID number	С	
4.					EC ID number	С	
Name	of Any Connected (Organization, Af	filiated Committee, Join	t Fundraising	g Representative	e, or Leadership PAC Spons	or
MN	PA Victory Fund						I
Ν	Aailing Address	611 Pennsylva	Inia Ave SE				
		Num 143					
		Washington				20003	
F	Relationship:		CITY A		STATE 🔺	ZIP CODE	
	Connected	Organization	Affiliated Committee		raising Representa	ative Leadership PAC Spo	onsor
Desigr			ss (phone number - opti				
-							
Ful	ated Agent: Identify						
Ful	ated Agent: Identify						
Ful	ated Agent: Identify						
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Ful	ated Agent: Identify	by name, addre	ss (phone number – opti	onal)			
Ful	ated Agent: Identify	by name, addre	ss (phone number – opti	onal)			
Ful Ma TI 	ated Agent: Identify I Name	by name, addre	ss (phone number – opti	onal)	STATE	ZIP CODE ▲	
Ful Ma TI Banks safety Name	ated Agent: Identify I Name	by name, addre	ss (phone number – opti	onal)	STATE		
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Ful Ma TI Banks safety Name Deposi	ated Agent: Identify I Name I Name II NA II	by name, addre	ss (phone number – opti	onal)	STATE		
Ful Ma TI Banks safety Name Deposi	ated Agent: Identify I Name I Name II NA II	by name, addre	ss (phone number – opti	onal)	STATE		

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

	t Fundraising	Participant:			
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	C
-		ganization, Affiliated Comm	ittee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
Justice 20)24				
Mailing /	Address	600 Pennsylvania Ave SE			
		#15180			
		Washington			20003
Relation	ship:	CITY			
	Connected C	organization Affiliated Cor	nmittee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
		y name, address (phone num	nber – optional)		
Full Name	•	y name, address (phone num	nber – optional)		
	•	y name, address (phone num	nber – optional)		
Full Name	•	y name, address (phone num	nber – optional)		
Full Name	•	y name, address (phone num	nber – optional)		
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Full Name Mailing Ad TITLE OF	e ddress R POSITION ▼	CITY ▲		lephone Number	
Full Name Mailing Ad TITLE OF	e ddress R POSITION ▼ her Depositorie boxes or main	CITY ▲		lephone Number	
Full Name Mailing Ad TITLE OF Banks or Oth safety deposit Name of Bank Depository, etc	e ddress R POSITION ▼ her Depositorie boxes or main	CITY ▲		lephone Number	
Full Name Mailing Ad TITLE OF Banks or Oth safety deposit Name of Bank Depository, etc	e ddress R POSITION ▼ er Depositorie boxes or main c, c	CITY ▲		lephone Number	

CITY

STATE **A**

ZIP CODE

5(g) or	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
- 6. I	Name of Any Connected (Drganization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
	Fab Four For Senate			
	Mailing Address	611 Pennsylvania Avenue SE		
		Suite 143		
		Washington		20003
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Join	nt Fundraising Representa	tive Leadership PAC Sponsor
- 8. [Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
				-
	TITLE OR POSITION		STATE A	
			Telephone Number	- -
_				
9. I	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which ntains funds.	h the committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
I.		CITY A	STATE A	ZIP CODE A