Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dean 24, Inc. PO Box 741 ADDRESS (number and street) (Check if address is changed) Excelsion 55331 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address admin@dean24.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00854778 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Minck, Andrew, , 01 17 2024 Signature of Treasurer Minck, Andrew, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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	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. (Complete the candidate information below.)				
Name of Candidate Phillips, Dean, , ,					
	Candidate Party Affiliation DEM Office Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican,				
	Political Action Committee (PAC):				
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
	Corporation Corporation w/o Capital Stock Labor On	rganization			
	Membership Organization Trade Association Cooperation	tive			
	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 PA	C).			
	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				

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٧	Vrite or Type Committee Name		<u> </u>	
	Dean 24, Inc.			
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor	
	NONE			
	Mailing Address			
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative L	eadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.			
	Minck, And	rew, , ,		
	Full Name			
	Mailing Address	PO Box 741		
		Excelsior MN 55331		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone number 844 - 3	332 - 6872	
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 Minck, And of Treasurer	rew, , ,		
		PO Box 741		
	Mailing Address			
		Excelsior MN 55331		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲	
	Treasurer		332 - 6872	

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	Full Name of Designated Agent		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
		Telephone number	
•	Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which the committee deposits fues or maintains funds.	inds, holds accounts, rents
	Name of Bank, De	epository, etc.	
	Į	Chase	
	Mailing Address	4799 County Road 101	
		Minnetonka MN	55345
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, De	epository, etc.	
	l	US Bank	
	Mailing Address	800 Nicollet Ave	
		Minneapolis	55402
		CITY ▲ STATE ▲	ZIP CODE ▲