| Image# | 202404159632785249 |
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|--------|--------------------|

FEC

Γ

04/15/2024 18 : 12

PAGE 1 / 11 🗕

## STATEMENT OF ORGANIZATION

| FORM 1                            |                                     |   |   |
|-----------------------------------|-------------------------------------|---|---|
|                                   |                                     |   | Office Use Only   |
| 1. NAME OF<br>COMMITTEE (in full) | (Check if name<br>is changed)       | Example: If typing, type over the lines.  | 12FE4M5   |
| Klobuchar for M                   | 1innesota                           |   |   |
|                                   |                                     |   |   |
| ADDRESS (number and str           | PO Box 4146                         |   |   |
| (Check if addre                   |                                     |   |   |
| is changed)                       | Saint Paul                          |   | I MN I 155104 I I I I I   |
|                                   |                                     |   | L     _      _      _     _     _     _ |
| COMMITTEE'S E-MAIL A              | DDRESS                              |   |   |
| (Check if addre                   | ss klobuchar@mbacg.com              |   |   |
| is changed)                       | Optional Second E-Mail Add          | dress   |   |
|                                   |                                     |   |   |
|                                   |                                     |   |   |
| (Check if addre<br>is changed)    |                                     |   |   |
| 2. DATE 04                        | 15 / Y Y Y Y<br>15                  |   |   |
| 3. FEC IDENTIFICATIO              | ON NUMBER ► C cc                    | 00431353  |   |
| 4. IS THIS STATEMENT              | NEW (N) OR                          | X AMENDED (A)   |   |
| I certify that I have exami       | ined this Statement and to the best | of my knowledge and belief it i   | s true, correct and complete.   |
| Type or Print Name of Tre         | easurer <u>Clark, Samuel, , ,</u>   |   |   |
| Signature of Treasurer            | Clark, Samuel, , ,                  |   | Date 04 / D D / Y Y Y Y<br>2024   |
| NOTE: Submission of false,        |                                     | may subject the person signing th   | is Statement to the penalties of 52 U.S.C. §30109   |
| Office<br>Use<br>Only             |                                     | For further information co<br>Federal Election Commission<br>Toll Free 800-424-9530<br>Local 202-694-1100 | ntact: FEC FORM 1   |

| 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. (Complete tinformation below.)   | the candidate          |
| Name of Klobuchar, Amy, , , Candidate  |                        |
| Candidate Office Party Affiliation DFL Office Sought: House X Senate President   | State MN<br>District   |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                        |
| Name of<br>Candidate   |                        |
| Party Committee:       (National, State       (Democration of the committee | tic,<br>n, etc.) Party |
| Political Action Committee (PAC):  |                        |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect   | ted organization is a: |
| Corporation Corporation w/o Capital Stock Labor  | Organization           |
| Membership Organization Trade Association Coope  | rative                 |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                        |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)   | ted 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).   |                        |

| Ш. | In | addition, | this | committee | is | а | 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 02       | 2/2009)  | Page  | 3    |     |   |
|----|------------------------------|--|-------|------|-----|---|
| W  | Vrite or Type Committee Name |  |       |      |     |   |
|    | Klobuchar for Mir            | nnesota  |       | _    |     | _ |
| 6. | Name of Any Connected Or     | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership F | PAC S | spon | sor |   |
|    | Amy Klobuchar Victor         | ry Committee   |       |      |     |   |
|    |                              |  |       |      |     |   |
|    | Mailing Address              | 611 Pennsylvania Ave SE  |       |      |     |   |
|    |                              | Ste 143  |       |      |     |   |
|    |                              | Washington         DC         20003  |       |      |     |   |
|    |                              | CITY A STATE A ZIP   | CODE  | E 🔺  |     |   |

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, Steve         | en, , ,                 |          |          |
|---------------------|-------------------------|----------|----------|
| Full Name           |                         |          |          |
| Mailing Address     | 611 Pennsylvania Ave SE |          |          |
|                     | Ste 143                 |          |          |
|                     | Washington              | DC 20003 |          |
|                     | CITY 🔺                  | STATE A  | ZIP CODE |
| Title or Position ▼ |                         |          |          |
| Assistant Treasurer | Telephone nu            | ımber    |          |

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 A STA         | ATE ▲ ZIP CODE ▲ |
| Title or Position | •                  |                  |
| Treasurer         | Telephone number   | · = =            |

| FEC Form 1 | (Revised 02/2009) |
|------------|-------------------|
|------------|-------------------|

| Full Name of<br>Designated<br>Agent | Mele, Steven, , ,  |
|-------------------------------------|--|
| Mailing Address                     | 611 Pennsylvania Ave SE  |
|                                     | Ste 143  |
|                                     | Washington       DC       20003         Image: Image of the |
|                                     | CITY  STATE  ZIP CODE  |
| Title or Position                   |  |
| Assistant Treasur                   | rer<br>  |

## 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 A  | ZIP CODE ▲ |
| Name of Bank, De | pository, etc.          |          |            |
|                  | Western Bank            |          |            |
| Mailing Address  | 663 University Ave West |          |            |
|                  |                         |          |            |
|                  | Saint Paul              | MN 55014 |            |
|                  | CITY 🔺                  | STATE A  | ZIP CODE   |

| I                             |  |                               |                |              |           |         |          |       |
|-------------------------------|--|-------------------------------|----------------|--------------|-----------|---------|----------|-------|
| 1. 📋 🖂                        |  |                               | FEC            | ID number    | С         |         |          |       |
| 2.                            |  |                               | FEC            | ID number    | С         |         |          |       |
| 3.                            |  |                               | FEC            | ID number    | С         |         |          |       |
| 4.                            |  |                               | FEC            | ID number    | С         |         |          |       |
|                               |  |                               |                |              |           |         |          |       |
| Name of Any Co                | nected Organization  | , Affiliated Committee, Joint | Fundraising R  | epresentativ | e, or Lea | dership | PAC S    | ponso |
| The Klobucha                  | r Victory Committee  | <b>)</b>                      |                |              |           |         | 1 1      | 1 1   |
|                               |  |                               |                |              |           |         |          |       |
|                               |  |                               |                |              |           |         |          |       |
| Mailing Addr                  | ess 611 Penns  | ylvania Ave SE                |                |              |           |         |          |       |
|                               | Ste 143  |                               |                |              |           |         |          |       |
|                               | Washingto  | n<br>                         | 1              |              | 200       | 003     | -        | 1 1   |
|                               |  |                               |                |              |           | 7IP     |          |       |
| Relationship                  |  | CITY A                        |                | STATE 🔺      |           |         | CODE     |       |
|                               | connected Organization   |                               | Soint Fundrais |              | ative     |         | ship PA  |       |
|                               | connected Organization   | Affiliated Committee          | _              |              | ative     |         |          |       |
| Designated Agent              | connected Organization   | Affiliated Committee          | _              |              | ative     |         |          |       |
| Designated Agent              | connected Organization   | Affiliated Committee          | _              |              | ative     |         |          |       |
| Designated Agent              | connected Organization   | Affiliated Committee          | _              |              | ative     |         |          |       |
| Cesignated Agent<br>Full Name | connected Organization Identify by name, ad s                                | Affiliated Committee          | _              |              | ative     | Leader  |          |       |
| Designated Agent              | Connected Organization<br>: Identify by name, ad<br>s<br>s<br>L<br>DSITION ▼ | Affiliated Committee          | _              | ng Represent | ative     | Leader  | ship PA( |       |

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

ZIP CODE

STATE **A** 

| 1. 🗌    |  | g Participant:               |          |                                   |           |          |        |       |           |        |              |       |      |         |
|---------|--|------------------------------|----------|-----------------------------------|-----------|----------|--------|-------|-----------|--------|--------------|-------|------|---------|
|         |  |                              |          |                                   |           |          | FE     | C ID  | number    | С      |              |       |      |         |
| 2.      |  |                              |          |                                   |           |          | FE     | C ID  | number    | С      |              |       |      |         |
| 3.      |  |                              |          |                                   |           |          | FE     | C ID  | number    | С      |              |       |      |         |
| 4.      |  |                              |          |                                   |           |          | FE     | C ID  | number    | С      |              |       |      |         |
|         |  |                              |          |                                   |           |          |        | _     |           |        |              |       |      |         |
|         | f Any Connected (<br>well Klobuchar Ro | -                            |          |                                   | , Joint I | Fundra   | aising | Repre | esentativ | /e, or | Leader       | ship  | PACS | sponsor |
|         |  |                              |          |                                   |           |          |        |       |           |        |              |       |      |         |
|         |  |                              |          |                                   |           |          |        |       |           |        |              |       |      |         |
| Ma      | ailing Address                         | 401 2nd Ave S                |          |                                   |           |          |        |       |           |        |              |       |      |         |
|         |  | Ste 303                      |          |                                   |           |          | 1 1    | 1 1   |           |        |              |       |      |         |
|         |  | Seattle                      |          |                                   |           |          |        |       | WA        |        | 98104        |       | _    |         |
| Re      | elationship:                           |                              | C        |                                   |           |          |        | -     |           |        |              | ZIP ( |      |         |
| Designa | ted Agent: Identify                    | Organization by name, addres | _        | Committe                          | -         | _        |        |       | Represen  |        |              |       |      | AC Spon |
| Full    | Name                                   |                              |          |                                   |           |          |        |       |           |        |              |       |      |         |
|         | ing Address                            | 1                            |          |                                   |           |          |        |       |           | 1 1    | 1 1          |       |      |         |
| Mail    |  |                              | <u> </u> |                                   |           |          |        |       |           |        |              |       |      |         |
| Mail    |  |                              |          | _   _   _                         |           |          |        |       |           |        |              |       |      |         |
| Mail    |  |                              |          |                                   |           | <u> </u> |        |       |           |        |              |       | <br> |         |
|         |  |                              |          | _   _   _  <br>_   _   _  <br>Y ▲ |           |          |        | <br>  |           |        |              |       |      |         |
|         | LE OR POSITION                         | · · · · · · · · · ·          |          | Y ▲                               |           | <br>     |        | ST    |           |        | <br><br><br> |       |      |         |

| ) or (h). Joint Fundrais          | ing Participant:                                      |   |
|-----------------------------------|---|---|
| 1.                                |   | FEC ID number   |
| 2.                                |   | FEC ID number   |
| 3.                                |   | FEC ID number   |
| 4.                                |   | FEC ID number   |
|                                   |   |   |
| Name of Any Connecte              |   | Iraising Representative, or Leadership PAC Sponse     |
|                                   |   |   |
|                                   |   |   |
| Mailing Address                   | 600 Pennsylvania Ave SE                               |   |
|                                   | #15180  |   |
|                                   | Washington  | DC 20003  |
| Relationship:                     |   | STATE A ZIP CODE A                                    |
| Connec                            | ted Organization Affiliated Committee X Joir          | nt Fundraising Representative                         |
| Full Name                         |   |   |
| Mailing Address                   | 1   |   |
|                                   |   |   |
|                                   |   |   |
| TITLE OR POSITIO                  |   | STATE A ZIP CODE A                                    |
|                                   | 1   |   |
|                                   |   |   |
| Banks or Other Denosi             | tories: List all banks or other denositories in which | n the committee deposits funds, holds accounts, rents |
| safety deposit boxes or r         |   |   |
| Name of Bank,<br>Depository, etc. |   |   |
| Mailing Address                   |   |   |
|                                   |   |   |
|                                   |   |   |
|                                   |   |   |

L

| or(h). Joint Fundraising  | Participant:  |                       |                |                               |
|---|---|-----------------------|----------------|-------------------------------|
| 1.  |   | FEC                   | ID number      | C                             |
| 2.  |   | FEC                   | ID number      | С                             |
| 3.  |   | FEC                   | ID number      | С                             |
| 4.  |   | FEC                   | ID number      | С                             |
| Name of Any Connected   | Drganization, Affiliated Committee                                  | , Joint Fundraising F | Representativ  | re, or Leadership PAC Sponsor |
| Minnesota Senate Vic  | tory 2024   |                       |                |                               |
|   |   |                       |                |                               |
| Mailing Address   | 120 Maryland Ave NE   |                       |                |                               |
|   |   |                       |                |                               |
|   | Washington  |                       | DC             | 20002                         |
| Relationship:   | CITY A  |                       | STATE A        |                               |
|   | Organization Affiliated Committee<br>by name, address (phone number |                       | sing Represent |                               |
|   |   |                       | sing Represent |                               |
| Designated Agent: Identify  |   |                       | sing Represent | tative Leadership PAC Spons   |
| Designated Agent: Identify  |   |                       | sing Represent |                               |
| Designated Agent: Identify  |   |                       | sing Represent |                               |
| Designated Agent: Identify<br>Full Name<br>Mailing Address  | by name, address (phone number                                      |                       | sing Represent |                               |
| Designated Agent: Identify  | by name, address (phone number                                      |                       |                |                               |
| Designated Agent: Identify<br>Full Name<br>Mailing Address<br>TITLE OR POSITION   | by name, address (phone number                                      | - optional)           | STATE A        |                               |
| Designated Agent: Identify         Full Name         Full Name         Mailing Address         TITLE OR POSITION         Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc. | by name, address (phone number                                      | - optional)           | STATE A        |                               |
| Designated Agent: Identify<br>Full Name<br>Mailing Address<br>TITLE OR POSITION<br><br>Banks or Other Depositor<br>safety deposit boxes or ma<br>Name of Bank,  | by name, address (phone number                                      | - optional)           | STATE A        |                               |
| Designated Agent: Identify         Full Name         Full Name         Mailing Address         TITLE OR POSITION         Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc. | by name, address (phone number                                      | - optional)           | STATE A        |                               |

L

| or (h).  | Joint Fundraising                      | Participant:     |                         |                  |                |                              |
|--|--|------------------|-------------------------|------------------|----------------|------------------------------|
| 1.   |  |                  |                         | FEC              | ID number      | С                            |
| 2.   |  |                  |                         | FEC              | ID number      | С                            |
| 3.   |  |                  |                         | FEC              | ID number      | С                            |
| 4.   |  |                  |                         | FEC              | ID number      | C                            |
|  |  |                  |                         |                  |                |                              |
|  | of Any Connected C<br>NV WA WI Victory |                  | iated Committee, Join   | t Fundraising F  | Representativ  | e, or Leadership PAC Sponsor |
|  |  |                  |                         |                  |                |                              |
|  |  |                  |                         |                  |                |                              |
| N  | lailing Address                        | 600 Pennsylvani  | a Ave SE #15180         |                  |                |                              |
|  |  |                  |                         |                  |                |                              |
|  |  | Washington       |                         |                  |                |                              |
| R  | elationship:                           |                  | CITY A                  |                  | STATE A        |                              |
|  | Connected                              | Organization     | Affiliated Committee    | × Joint Fundrais | sina Represent | ative                        |
| Designa  | ated Agent: Identify                   | by name, address | ; (phone number – optic | onal)            |                |                              |
| Full   | Name                                   | by name, address | ; (phone number – optic | onal)            |                |                              |
| Full   |  | by name, address | : (phone number – optic | onal)            |                |                              |
| Full   | Name                                   | by name, address | ; (phone number – optic | onal)            |                |                              |
| Full   | Name                                   | by name, address |                         | onal)            |                |                              |
| Full<br>Mai  | Name                                   |                  | : (phone number – optic | onal)            |                |                              |
| Full<br>Mai  | Name                                   |                  |                         | onal)            |                |                              |
| Full<br>Mai  | Name                                   |                  |                         |                  |                |                              |
| Full<br>Mai<br>TIT   | Name                                   |                  |                         | Telephone        | Number         |                              |
| Full<br>Mai<br>TIT<br>L                                      | Name                                   |                  |                         | Telephone        | Number         |                              |
| Full<br>Mai  | Name                                   |                  |                         | Telephone        | Number         |                              |
| Full<br>Mai<br>TIT<br>Banks<br>safety o<br>Name o<br>Deposit | Name                                   |                  |                         | Telephone        | Number         |                              |
| Full<br>Mai<br>TIT<br>Banks<br>safety o<br>Name o<br>Deposit | Name                                   |                  |                         | Telephone        | Number         |                              |
| Full<br>Mai<br>TIT<br>Banks<br>safety o<br>Name o<br>Deposit | Name                                   |                  |                         | Telephone        | Number         |                              |

| 1. 🗖       |                                       |                 |              |                   |           |                   | FEC      | ID numbe  | er C       | ;       |         |                                       |            |
|------------|---------------------------------------|-----------------|--------------|-------------------|-----------|-------------------|----------|-----------|------------|---------|---------|---------------------------------------|------------|
| 2.         |                                       |                 |              |                   |           |                   | FEC      | ID numbe  | er C       | ;       |         |                                       |            |
| 3.         |                                       |                 |              |                   |           |                   | FEC      | ID numbe  | er C       | ;       |         |                                       |            |
| 4.         |                                       |                 |              |                   |           |                   | FEC      | ID numbe  | er C       | ;       |         |                                       |            |
|            |                                       |                 |              |                   |           |                   |          |           |            |         |         |                                       |            |
| Name of    | Any Connected C                       | Organization, A | Affiliated C | ommittee          | , Joint F | undrais           | sing R   | epresenta | tive, o    | r Leade | rship I | PAC Sp                                | onsor      |
|            | A Victory Fund                        |                 |              |                   |           |                   |          |           |            |         |         | 1 1                                   |            |
|            |                                       |                 |              |                   |           |                   |          |           |            |         |         |                                       |            |
|            |                                       |                 |              |                   |           |                   |          |           |            |         |         |                                       |            |
| Mail       | ling Address                          | 611 Pennsylv    | ania Ave S   |                   |           |                   |          |           |            |         |         |                                       |            |
|            |                                       | Num 143         |              |                   |           |                   |          |           |            |         |         |                                       |            |
|            |                                       | Washington      |              |                   |           |                   |          |           |            | 20003   |         | -                                     |            |
| Rela       | ationship:                            |                 | (            |                   | <u> </u>  |                   |          | STATE     | <b></b>    |         | ZIP (   | CODE                                  |            |
|            | Connected                             | Organization    | Affiliate    | d Committ         | ee X      | Joint Fu          | undraisi | ng Repres | entative   |         | _eaders | hip PAC                               | )<br>Spons |
| Doorginate | a Agent. Identity                     | by name, addr   | ess (priorie | e number          | - optiona | al)               |          |           |            |         |         |                                       |            |
| Full N     |                                       |                 |              |                   |           | al)               |          |           |            |         |         |                                       |            |
| Full N     |                                       |                 |              | • number          |           | al)<br>           |          |           | <u>   </u> |         |         | <u> </u>                              |            |
| Full N     | ame                                   |                 |              | • number          |           | al)               |          |           |            |         |         |                                       |            |
| Full N     | ame                                   |                 |              | <pre>number</pre> |           | al)               |          |           |            |         |         | · · · · · · · · · · · · · · · · · · · |            |
| Full N     | ame <mark>          </mark> g Address |                 |              | a number          |           | 1)<br>       <br> |          |           |            |         |         |                                       |            |
| Full N     | ame<br>g Address<br>E OR POSITION     |                 |              | <br>              |           |                   |          |           |            |         |         |                                       |            |

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

ZIP CODE

STATE 🔺

|    | or (h). Joint Fundraising   | Participant:   |                                       |                                       |
|----|---|--|---------------------------------------|---------------------------------------|
|    | 1.  |  | FEC ID number                         | C                                     |
|    | 2.  |  | FEC ID number                         | С                                     |
|    | 3.  |  | FEC ID number                         | C                                     |
|    | 4   |  | FEC ID number                         | С                                     |
|    |   |  |                                       |                                       |
| 6. | -   | Organization, Affiliated Committee, Joint Fundra   | aising Representative                 | e, or Leadership PAC Sponsor          |
|    | Justice 2024  |  |                                       |                                       |
|    |   |  |                                       |                                       |
|    | Mailing Address   | 600 Pennsylvania Ave SE  |                                       |                                       |
|    |   | #15180<br>   |                                       |                                       |
|    |   | Washington   |                                       | 20003                                 |
|    | Relationship:   |  | STATE ▲                               |                                       |
|    | Connected   | Organization Affiliated Committee X Joint  | Fundraising Representa                |                                       |
|    |   |  | r analaionig rioproconia              |                                       |
|    |   |  |                                       |                                       |
| 8. | Designated Agent: Identify  | by name, address (phone number - optional)   |                                       |                                       |
| 8. | Designated Agent: Identify  | by name, address (phone number – optional)   |                                       |                                       |
| 8. | Full Name   | by name, address (phone number – optional)   |                                       |                                       |
| 8. |   | by name, address (phone number - optional)   |                                       |                                       |
| 8. | Full Name   | by name, address (phone number - optional)   |                                       |                                       |
| 8. | Full Name   |  |                                       |                                       |
| 8. | Full Name   |  |                                       |                                       |
| 8. | Full Name   |  | I I I I I I I I I I I I I I I I I I I | · · · · · · · · · · · · · · · · · · · |
| 8. | Full Name   | Image: Image | lephone Number                        |                                       |
|    | Full Name<br>Mailing Address<br>TITLE OR POSITION   |  | lephone Number                        | s funds, holds accounts, rents        |
|    | Full Name<br>Mailing Address<br>TITLE OR POSITION<br><br>Banks or Other Depositor<br>safety deposit boxes or mai                  |  | lephone Number                        |                                       |
|    | Full Name<br>Mailing Address<br>TITLE OR POSITION<br><br>Banks or Other Depositor<br>safety deposit boxes or mai<br>Name of Bank, | CITY  CITY  Te   | lephone Number                        | s funds, holds accounts, rents        |