Image# 202103199441628270				
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 8 —
			Off	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Angie Craig for	Congress			
ADDRESS (number and street)	P.O. Box 22116			
<ul><li>(Check if address is changed)</li></ul>				
	Eagan └ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		MN 5511 STATE ▲	22 │
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	chris@angiecraig.com			
	Optional Second E-Mail Add	dress nail.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 03	19 / Y Y Y Y 2021			
3. FEC IDENTIFICATION	NUMBER ► C co	00575209		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and balief i	t is true correct and	complete
sorary mater have examined	and Gratement and to the Dest			complete.
Type or Print Name of Treasu	rer Swenson, Scott, , ,			
Signature of Treasurer <sup>Sw</sup>	enson, Scott, , ,	[Electronically Filed]	Date 03	19 / Y Y Y Y 19 2021
NOTE: Submission of false, error	oneous, or incomplete information ANY CHANGE IN INFORMATIO			penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	F	EC For	rm 1 (Revised 02/2009)	Page <b>2</b>	
Т	ΓΥΡΕ	OF C	OMMITTEE		
(	Cano	didate	Committee:		
(8	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. (Compinformation below.)	lete the candid	late
	Name Candie		Craig, Angela, Dawn, ,		
	Candio Party	date Affiliatio	on DEM Office Sought: X House Senate President	State District	MN 02
(	c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candio				
F	Party	y Com	mittee:		
(	d)			Democratic, epublican, etc.	) Party.
F	Politi	ical A	ction Committee (PAC):		
(	e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organizat	tion is a:
			Corporation Corporation w/o Capital Stock	Labor Organiz	ation
			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 seg committee. (i.e., nonconnected committee)	regated fund c	or party
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
J	oint	Fund	raising Representative:		
(g	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 politic	al
(h	1)		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 politic	al
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	EC ID number		
		3.	FEC ID number		
		4.	FEC ID number		

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Angie Craig for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

E	quality Congr	ress																								
L																										
	Mailing Address		P.O. Box 153	20																						
			Washington													C		2	000	3			-L			
						CITY	,								ST	ATE					ZIF	, C(	ODE			
	Relationship:	Connected	Organization	A	ffiliate	ed Co	omm	ittee	×	Jo	oint I	Fund	drais	ing	Rep	resei	ntat	ive		Lea	adei	rship	p PA	NC S	pon	sor
7.	Custodian of Red books and records		ify by name, a	addres	ss (p	hone	nun	nber	· (	optic	onal)	) an	d po	ositio	on o	f the	pe	rsor	n in	pos	ses	sior	1 of	con	nmitt	iee
		Hesselroth,	Shelli, , ,																							
	Full Name																									
	Mailing Address		P.O. Box 221	16																						
							1				1	1						1			I					

	Eagan	MN	55122
Title or Position	CITY	STATE	ZIP CODE

1	Assistant	Treasu	irer							1	1	1	1	1	
L									Telephone number			· ட		-∟	

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 of Treasurer	Swenson, Scott, , ,
Mailing Address	P.O. Box 22116
	Eagan   MN   55122   -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Hesselroth	, Shelli, , ,					I														1			1	
Mailing Address		P.O. Box 2211	6																						
																						1			
		Eagan								1			_ N	/N		[5	512	22							
				CIT	Y								STA	ΛΤΕ					ZII	PC		θE			
Title or Position	urer							Tele	epho	one	nu	ımt	ber												

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.

Washington

Dra	e Bank	
Mailing Address	60 East Plato Blvd	
	Ste 100	
	Saint Paul MN 55107   Image: Solution of the second seco	
	CITY STATE ZIP CODE	
Name of Bank, Deposit	ry, etc.	_
Am	Igamated Bank	

1 1 1

CITY

1 1

DC

STATE

1 1

20003

ZIP CODE

lmage#	202103	199441	628274

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

5(g) or (h).	Joint	Fundraising	Participant:
e(g/e.().		·	

1	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Takano Equality Wave

Mailing Address	P.O. Box 15320				
-					
	Washington				03
Relationship:		CITY 🔺		STATE 🔺	ZIP CODE
Connected	Organization Affilia	ted Committee	× Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	Tel	phone Number	

Name of Bank, Bank of Depository, etc.	f America		
Mailing Address	201 Pennsylvania Ave SE		
	Washington		
	CITY 🔺	STATE A	ZIP CODE 🔺

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Minnesota Second District Victory Committee

Mailing Address	P.O. Box 22116													
	Eagan				55122									
Relationship:		CITY 🔺		STATE A	ZIP CODE									
Connected	Organization	Affiliated Comm	ittee 🗴 Joint	Fundraising Representative	Leadership PAC Sponsor									

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address	L																									
	L		1																							
	L																						- L			
TITLE OR POSITION	▼				C	CIT	<b>Y</b> 4							S	TAT	Ε				ZIP	C	DC	E			
										Te	lep	hor	ne	Nur	nbe	er	L		 • [				- L			

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
	L												L			L					- [_		
					C	Π						S	TA	E.				ZIP	' C(	DD	E 🔺	•	

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

5(g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
	of Any Connected Id the House Vi	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
I	Mailing Address	430 South Capitol Street SE, 2nd F		
		Washington		20003
l	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
8. Design		Organization Affiliated Committee Joint F by name, address (phone number – optional)	undraising Hepresent	Leadership PAC Sponsor
Fu	nated Agent: Identify		Hepresent:	
Fu	nated Agent: Identify		Hepresent:	
Fu	nated Agent: Identify			
Fu	nated Agent: Identify III Name	by name, address (phone number – optional)		
Fu	nated Agent: Identify	by name, address (phone number – optional)		

Name of Bank, Depository, etc.																										
Mailing Address	L																									
	CITY A													S	ΓAT	Έ			ZIP	C C	DD		•			

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number C	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Majority Keepers

Mailing Address	600 Pennsylvania Ave SE		
	Unit 15180		
	Washington		20003
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee	X Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name		
Mailing Address		
TITLE OR POSITION	STATE 🔺	ZIP CODE
	Telephone Number	

Name of Bank, Depository, etc.																														
Mailing Address																														
	L																													
																						L					- [			
	CITY A										STATE A ZIP 0								C	CODE 🔺										