

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MCCOLLUM FOR CONGRESS

ADDRESS (number and street)

P.O. Box 14131

(Check if address is changed)

St. Paul

MN

55114

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@mccollumforcongress.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.mccollumforcongress.com

2. DATE

07 / 01 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00354688

4. 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.

Type or Print Name of Treasurer Mary Pat Lee

Signature of Treasurer

Mary Pat Lee

[Electronically Filed]

Date

07 / 01 / 2013

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 Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. 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 **BETTY MCCOLLUM**

Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President State  MN District  04

- (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  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - 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 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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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.  FEC ID number  C
2.  FEC ID number  C
3.  FEC ID number  C
4.  FEC ID number  C

Write or Type Committee Name

# MCCOLLUM FOR CONGRESS

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  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.

Full Name Mary Pat Lee

Mailing Address P.O. Box 14131

St. Paul

MN

55114

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

**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 Mary Pat Lee

Mailing Address P.O. Box 14131

St. Paul

MN

55114

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

Full Name of Designated Agent

[Empty form line]

Mailing Address

[Empty form line]

[Empty form line]

[Empty form line]

CITY

STATE

ZIP CODE

Title or Position

[Empty form line]

Telephone number

[Empty form line]

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.

Bank of America

[Empty form line]

Mailing Address

730 15th Street NW

[Empty form line]

[Empty form line]

Washington

[Empty form line]

DC

[Empty form line]

20005

[Empty form line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Drake Bank

[Empty form line]

Mailing Address

60 E. Plato Boulevard

[Empty form line]

[Empty form line]

St. Paul

[Empty form line]

MN

[Empty form line]

55107

[Empty form line]

CITY

STATE

ZIP CODE

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

**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.

[ ADDITIONAL ]

Sunrise Banks

Mailing Address

200 University Avenue West

St. Paul

MN

55103

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C