

RECEIVED
FEDERAL ELECTION COMMISSION
2007 JAN 29 A 9 25

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

MINNESOTA LEAGUE OF SAVINGS & COMMUNITY BANKERS COMMUNITY CAMPAIGN

ADDRESS (number and street) 19000 SAINT EDWARDS COURT

(Check if address is changed)

EDEEN PRAIRIE MN 55346-3346

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

dlee1@tcfbank.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 19 2007

3. FEC IDENTIFICATION NUMBER C00145201

4. IS THIS STATEMENT NEW (N) OR X 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 Diana Lee

Signature of Treasurer Diana Lee

Date 01 19 2007

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 table with 5 columns and 1 row. For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-694-1100. FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

America's Community Bankers Community
Campaign Committee

Mailing Address 1900 19th Street NW
Suite 400
Washington DC DC 20006-1
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

Minnesota League of Savings & Community Bankers
Community Campaign

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 Diana Lee

Mailing Address 19000 Saint Edwards Court
Eden Prairie MN 55346-3346

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 612-710-1116

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 Diana Lee

Mailing Address 19000 Saint Edwards Court
Eden Prairie MN 55346-3346

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

TCF National Bank

Mailing Address

1801 Marquette Ave

Minneapolis MN 55402-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039360502

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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Jms
 PREPARER
 (3/2005)

1-24-07
 DATE PREPARED

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