FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Angie Craig for Congress P.O. Box 22116 ADDRESS (number and street) (Check if address is changed) Eagan MN55122 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address craig@acuitypolitics.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.angiecraig.com (Check if address is changed) DATE 2025 C00575209 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 Swenson, Scott, , Date 10 15 2025 Signature of Treasurer Swenson, Scott, , , 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

Ε	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 conformation below.)	andidate
	Name of Craig, Angela, Dawn, ,	
	Candidate Party Affiliation Office Sought: House Senate President	State MN District 02
	(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, et	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	nization
	Membership Organization Trade Association Cooperative	Э
	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 for committee. (i.e., nonconnected committee)	und 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).	
	In addition, this committee is a 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 n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or no committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	Angie Craig for 0	Congress	
6.		rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
	Overtedien of December Ident		·
'.	books and records.	ify by name, address (phone number optional) and position of the person in possess	ion of committee
	Roberson,	John, , ,	
	Full Name	,P.O. Box 22116	
	Mailing Address	P.O. BOX 22116	
		Eagan MN 55122	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer		240 7451
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Swenson,	Scott, , ,	ı
	of Treasurer	₁ P.O. Box 22116	
	Mailing Address	P.O. BOX 22116	
		Eagan MN 55122	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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Full Name of Designated Agent Mailing Address	Roberson, John, , , P.O. Box 22116 Eagan	MN	55122
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	ırer Telephone	number 2	02 - 240 - 7451
	Depositories: List all banks or other depositories in which the composes or maintains funds.	nittee deposits f	unds, holds accounts, rents
Name of Bank, I	Depository, etc.		
Mailing Address	Drake Bank 60 East Plato Blvd Ste 100 Saint Paul	, MN	55107
	CITY A	STATE A	ZIP CODE A
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington	DC	20003
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	3				
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2.			FEC II	0 number	С
3			FEC II	0 number	С
4.			FEC II	0 number	С
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Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (p	clty A other depositories in v	al) Telephone N	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	fy by name, address (p	clty A other depositories in v	al) Telephone N	STATE A	ZIP CODE A

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

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

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by name, address (p	hone number – option		STATE A	ZIP CODE A
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