FEC

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. Klobuchar for Minnesota PO Box 4146 ADDRESS (number and street) (Check if address is changed) Saint Paul 55104 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS becky@compliancemn.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2021 C00431353 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. Clark, Samuel, , , Type or Print Name of Treasurer Clark, Samuel,,, [Electronically Filed] 09 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	Klobuchar, Amy, , ,	
	didate / Affiliati	on DFL Office Sought: House X Senate President	State MN District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Name		
Klobuchar for M	innesota	
i. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
The Klobuchar Victory	Committee	
Mailing Address	450 Brimhall Street	
	Saint Paul CITY STATE Z	ZIP CODE
Relationship: Connected		dership PAC Sponsor
Custodian of Records: Identi books and records.	rify by name, address (phone number optional) and position of the person in poss	session of committee
Clark, Sam	uel, , , 	
Mailing Address		
	Saint Paul MN 55104	
Title or Position	CITY STATE Z	ZIP CODE
Treasurer		281 - 4555
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the names assistant treasurer).	ne and address of
Full Name Clark, Samu	леі, , ,	
Mailing Address	PO Box 4146	
	Saint Paul MN 55104	
Title or Position Treasurer		ZIP CODE 81

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position	Telephone number	
Name of Bank, Depos	or maintains funds. sitory, etc.	
Su	unrise Banks	
Su	unrise Banks 2265 Como Ave Saint Paul MN 55108	ZIP CODE
Su	unrise Banks 2265 Como Ave Saint Paul CITY STATE Z	ZIP CODE
Mailing Address Name of Bank, Depos	unrise Banks 2265 Como Ave Saint Paul CITY STATE Z	ZIP CODE
Mailing Address Name of Bank, Depos	pository, etc. unrise Banks 2265 Como Ave Saint Paul CITY STATE zository, etc.	ZIP CODE

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

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h). Joint Fundraisi r	.g . a. a. pana		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Amy for America	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Amy for America			
Mailing Address	611 PENNSYLVANIA AVE SE		
Walling Address	#143		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
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Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
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esignated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes or material boxes. US Bate pository, etc.	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

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Connected Organization	
At lame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Mailing Address Relationship: CITY ▲ STATE ▲ ZIP Connected Organization Affiliated Committee Joint Fundraising Representative Leader esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP C Telephone Number Telephone Number Telephone Number STATE Telephone Number Telephone N	
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ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Mailing Address Relationship: CITY ▲ STATE ▲ ZIP Connected Organization Affiliated Committee Joint Fundraising Representative Leader esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP O Telephone Number — Telephone Number — anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds actately deposit boxes or maintains funds. ame of Bank, Woodsboro Bank epositor, etc. Mailing Address PO Box 36 Mailing Address	
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Connected Organization	1-1
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h). Joint Fundraisi	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	Fundraising Representati	ve, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising Represer	ntative Leadership PAC Sp
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