Only

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STATEMENT OF **FEC 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-compliance@bluewavepolitics.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.angiecraig.com (Check if address is changed) DATE 2024 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 04 11 2024 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

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 information below.)	e candidate
Name of Craig, Angela, Dawn, ,	
Candidate Party Affiliation  DEM  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 Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	tive
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 committee. (i.e., nonconnected committee)	d 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.)	
(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 PA	.C).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1	

I	FEC Form 1 (Revised (	02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	Angie Craig for (			
6.	-	Organization, Affiliated Committee, Joint	Fundraising Representative, or I	Leadership PAC Sponsor
	Minnesota Second L	District Victory Committee		
		₁P.O. Box 22116		
	Mailing Address	1.0. Box 22110		
		Eagan	MN   MN	55122
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Spons
			7,	
7.		tify by name, address (phone number op	tional) and position of the person in p	possession of committee
	books and records.			
	Jackson, S	Sue, , ,		
	Full Name			
	Mailing Address	P.O. Box 22116		
		Eagan		55122
		OITV A	CTATE A	71D 00DE A
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Assistant Treasurer		1	
	/ issistant i reasonsi		Telephone number	
_	Traceurer List the name on	nd address (phone number optional) of	the transurar of the committees are	d the name and address of
8.	any designated agent (e.g.,		the treasurer of the committee, and	d the name and address of
	Full Name Swenson,	Scott, , ,		
	of Treasurer			
	Mailing Address	P.O. Box 22116		
		Eagan		55122
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	

FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>4</b>	
Full Name of Designated Agent	Jackson, Sue, , ,		
Mailing Addres	P.O. Box 22116		
	Eagan	MN 55122	
Title or Positio	CITY ▲	STATE ▲ ZIP CODE ▲	
Assistant Trea	surer Teleph	one number	
Banks or Otho	er Depositories: List all banks or other depositories in which the boxes or maintains funds.	committee deposits funds, holds accounts, rer	nts
Name of Bank	Depository, etc.		
	Drake Bank		
Mailing Addres	60 East Plato Blvd		
	Ste 100		
	Saint Paul	MN 55107	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank	Depository, etc.		
	Amalgamated Bank		
Mailing Addres	1825 K Street NW		
	Washington	DC 20003	
	CITY ▲	STATE ▲ ZIP CODE ▲	

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h). <b>Joint Fundraisi</b>	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Stand Up for Democ	I Organization, Affiliated Committee, Joint Functions    Tacy JFA	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 5418		
	Tacoma Park	MD	20913
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   CITY   Pries: List all banks or other depositories in which anintains funds.	STATE A	ZIP CODE A

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
EQUALITY PROJEC	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 15320		
Relationship:	WASHINGTON CITY A	DC STATE A	20003 ZIP CODE ▲
		SIAIL	ZII OODL A
Connecte		t Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identif	od Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	od Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	od Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connecte  Designated Agent: Identif	Affiliated Committee X Join by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connected  Designated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
Connected  Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.  Eaglel	Affiliated Committee	STATE A	ZIP CODE A

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1				FEC ID	number	C	
2. 🖳				FEC ID	number	C	
3.				FEC ID	number	С	
4.				   FEC ID	number	C	
	Any Connected ( BUDZINSKI VI		ted Committee, Joint	Fundraising Rep	resentative	e, or Leadership PA	C Spons
Maili	ing Address	600 PENNSYLVAN	NIA AVE SE				
		UNIT 15180					
		WASHINGTON		1	DC	20003	-1
Rela	tionship:		CITY A		STATE A	ZIP CC	DE 🛦
esignate			ffiliated Committee	Joint Fundraising	пергеѕепта	Leadership	PAC Sp
esignate Full Na	d Agent: Identify				nepresente	Leadersing	PAC Sp
Full Na	d Agent: Identify					Leadersing	PAC Sp
Full Na	d Agent: Identify					Leadersing	PAC Sp
Full Na	d Agent: Identify						PAC Sp
Full Na	d Agent: Identify	by name, address (		al)	STATE A	ZIP COD	

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1.				
		FEC ID nu	ımber C	
2.		FEC ID nu	ımber C	
3.		FEC ID nu	ımber C	
4.		FEC ID nu	ımber C	
lame of Any Connected (	Organization, Affiliated Committee,	loint Fundraising Repres	entative or L	padershin PAC Snons
-	RE LEADERSHIP FUND			
Mailing Address	PO BOX 15845			
	WASHINGTON		DC 2	0003
Relationship:	CITY A	SI	ATE A	ZIP CODE ▲
Full Name				
Mailing Address				
TITLE OR POSITION V	CITY A	STA	TE A	ZIP CODE ▲
TITLE OD POSITION	CITY A	STA	TE A	ZIP CO
nks or Other Depositorionety deposit boxes or main	es: List all banks or other depositorintains funds.	Telephone Numb	deposits funds	, holds accounts, ren
anks or Other Depositorial after deposit boxes or main ame of Bank, epository, etc.	es: List all banks or other depositorintains funds.	Telephone Numb	deposits funds	, holds accounts, rent

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spon
DEMOCRACY SUM	MER 2024		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
J			
	WASHINGTON	l DC l	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	state	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mainly and the control of the con	fy by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.	STATE A  Telephone Number	ZIP CODE A