FEC

Only

STATEMENT OF

PAGE 1/7

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 55122 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@angiecraig.com (Check if address is changed) Optional Second E-Mail Address shellihesselroth@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.angiecraig.com (Check if address is changed) DATE 2021 C00575209 FEC IDENTIFICATION NUMBER > 3. X 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. Swenson, Scott, , , Type or Print Name of Treasurer Swenson, Scott,,, [Electronically Filed] 10 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

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE 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 Cand		Craig, Angela, Dawn, ,
Cand Party	idate Affiliati	on DEM Office Sought: House Senate President District MN
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee: (National, State (Democratic,
(d)		This committee is a or subordinate) committee of the Republican, etc.) Part
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		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 part 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.)
Join	t Fund	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4	

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		
Angie Craig for	Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
Equality Congress		
Liquality Corigiess	<u></u>	
Mailing Address	P.O. Box 15320	
		20000
	Washington DC 2	20003
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
Hesselroth	n, Shelli, , ,	
	P.O. Box 22116	
Mailing Address		
	Eagan , MN , ,	55122
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Swenson,	Scott, , ,	1
of Treasurer	P.O. Box 22116	
Mailing Address		
		55122
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC FOIL	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Hesselroth, Shelli, , ,	
Mailing Address	P.O. Box 22116	
	EaganMN55122	
	CITY STATE Z	IP CODE
Title or Position Assistant Treaso	urer Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds exces or maintains funds.	accounts, rents
Banks or Other safety deposit bo Name of Bank, [oxes or maintains funds.	accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo Name of Bank, [Depository, etc.	accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Drake Bank	accounts, rents
safety deposit bo	Depository, etc. Drake Bank 60 East Plato Blvd	accounts, rents
safety deposit bo	Drake Bank 60 East Plato Blvd Ste 100 Saint Paul MN 55107	accounts, rents
safety deposit bo Name of Bank, [Mailing Address	Drake Bank 60 East Plato Blvd Ste 100 Saint Paul CITY STATE Z	
safety deposit bo Name of Bank, [Mailing Address	Drake Bank 60 East Plato Blvd Ste 100 Saint Paul CITY STATE Z	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Drake Bank 60 East Plato Blvd Ste 100 Saint Paul CITY STATE Z Depository, etc.	
safety deposit bo	Depository, etc. Drake Bank 60 East Plato Blvd Ste 100 Saint Paul CITY STATE Z Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Drake Bank 60 East Plato Blvd Ste 100 Saint Paul CITY STATE Z Depository, etc.	

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

FEC Form 1S (Revised 02/2017)

Page _5 **of** 7___

5(a)	or(h). Joint Fundraisin	ng Particinant		
O(g)	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		I LO ID Hullibel	0
6.		Organization, Affiliated Committee, Joint Fundred District Victory Committee	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. Box 22116		
		Eagan	MN	55122
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1			
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or matching the Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.		s funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017)

Page ___ **of** ____

(h). Joint Fundraisi	ig i di dolpanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Majority Keepers	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	600 Pennsylvania Ave SE		
Ü	Unit 15180		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
resignated Agent: Identife Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Lianks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which aintains funds. of America	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)

Page ____ **of** ____

1.		FEC ID number	С
		,	
3.		FEC ID number	С
		FEC ID number	С
4.		FEC ID number	С
Nadler Victory Fu	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	200 West 79th Street		
-	8N		
	New York	NY	10024
	CITY ▲ d Organization	STATE ▲ oint Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connected Pesignated Agent: Identify	d Organization Affiliated Committee	oint Fundraising Representa	
Connected Designated Agent: Identify	d Organization Affiliated Committee	oint Fundraising Representa	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	oint Fundraising Representa	Leadership PAC Sp
Connected Pesignated Agent: Identify	y by name, address (phone number – optional)	oint Fundraising Representa	