STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	o line de viny
Minnesota Ser	nate Victory Committee 2012			
ADDRESS (number and s	P.O. Box 4146			
(Check if address				
is changed)	St. Paul		MN	55104
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	msvc2012@gmail.	com		
is changed)				
(Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0 7	15 2011		-	
3. FEC IDENTIFICA	TION NUMBER	C C00496539		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A	A)	
I certify that I have examin	ned this Statement and to the best of my k	nowledge and belief it is true, cor	rect and complete	
Type or Print Name of	Treasurer Justin Buoen			
Signature of Treasurer	Electronically Filed by Justin B	uoen	_ Date 0 7 d	15 / 2011
NOTE: Submission of fal	se, erroneous, or incomplete information n	nay subject the person signing th	•	
Office Use Only		For further inform Federal Election Co Toll Free 800-424-5	ommission 9530	FEC FORM 1 (Revised 02/2009)

	FE	C Form 1 (Revised 02/2009)	Page 2				
5.		F COMMITTEE (Check One) ate 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 information below.)	e the candidate				
	Name of Candida						
	Candida Party Af		State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candida						
	Party Co	ommittee:					
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political	Political Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
	(f)	In addition, this committee is a Lobbyist/Registrant PAC.					
	(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)					
	Joint Fu	ndraising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
	(Committees Participating in Joint Fundraiser					
		1. Klobuchar for Minnesota 2012 1. FEC ID number C C004	31353				
		2. Minnesota Democratic Farmer Labor Party FEC ID number	25254				
		3. FEC ID number					
		4. FEC ID number C					

	FEC Form 1 (Revised 02	2/2009)			Page 3
W	rite or Type Committee Name				
	Minnesota Senate Victo	ry Committee 2012			
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Representa	ative, or Leade	ership PAC Sponsor
Ш	None				
	Mailing Address				
				⊥J L	
		CITY▲	s	TATE 🛕	ZIP CODE
	Relationship:				_
	Connected Organization	Affiliated Committee	Joint Fundraising Repres	sentative	Leadership PAC Sponsor
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Justin Buoen Full Name				
	Mailing Address	P.O. Box 4146			
		St. Paul		MN	55104
	Title or Position ▼ Treasurer	CITY A	S Telephone numbe	612	ZIP CODE 4 - 378 - 2012
8.	name and address of any	and address (phone number - designated agent (e.g., assis		of the commi	ittee; and the
	Full Name of Treasurer Justin	Buoen			
	Mailing Address	P.O. Box 4146			
		St. Paul		MN	55104 _
	Title or Position ♥	CITY A	. s	STATE A	ZIP CODE A
	Treasurer		_ Telephone numbe	612	_ 378 _ 2012
			. Cop. C. Carrio		

FEC Form 1 (Revise	d 02/2009)		Page 4			
Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY A	STATE A	ZIP CODE A			
	Tele	ephone number				
safety deposit boxes or mai	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Jame of Bank, Depository, etc.					
Par	k Midway Bank					
Mailing Address	2300 Como Ave					
	St. Paul	MN	55108			
	CITY 🗻	STATE △	ZIP CODE 🛕			
Name of Bank, Depository,	etc.		_			
Mailing Address						