## 201705510200154792

FEC FORM 1

## STATEMENT OF ORGANIZATION

17 MAY 31 PM 3: 09

FORM 1		ORGANIZA	ATION	AM F.I	Y 31 PM J: U J
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Minnesota	Montai	na Victory Fur	nd		
ADDRESS (number a	and street)	918 Pennsylv	ania Ave SE		
(Check if a is changed	ddress [	Washington		DC (	20003
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	(Please provide only one e	o-mail address) pcompliance, com		
COMMITTEE'S WEE	3 PAGE ADDF	IESS (URL)			
(Check if is change					
2. DATE Ö	5 23	2315			
3. FEC IDENTIFE	CATION NUM	ABER C			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)	···········	
•		Statement and to the bes	st of my knowledge and belief it	is true, correct	and complete.
Type or Print Name Signature of Treasur	_	Judix,	same	Date 05	1 25 Lesie
NOTE: Submission of			n may subject the person signing to		
Office Use Only			For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

Candidate	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 of Candidate	<u> </u>
Candidate Party Affiliati	Office State Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	(National, State (Democratic, Party.
Political A	ction Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
	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 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 Fund	Iraising Representative:
(g) X	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.	Klobuchar for Minnesota             FEC ID number C 00431353

FEC ID number C 00412304

FEC ID number C

| | | | FEC ID number C

Page 2

FEC Form 1 (Revised 02/2009)

MontanansiforiTester

TYPE OF COMMITTEE

201705310200154793

2.

3.

Page	3

Write or Type Committee Name	
Minnesota Monta	ana Victory Fund
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
None	
11111111	
Mailing Address	
<u>.</u>	
	CITY STATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ntify by name, address (phone number - optional) and position of the person in possession of committee
Full Name Judith	Zamore
Mailing Address	918 Pennsylvania Ave SE
	Washington DC 20003
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer  Judith	Zamore
Mailing Address	918 Pennsylvania Ave SE
	Washington DC 20003 - ZIP CODE
Title or Position Treasurer	Telephone number

	11.00		
Full Name of Designated Agent	Kristin Solander	1.1.1.1.1.	<u> </u>
Mailing Address	918 Pennsylvania Ave SE		
		11111	
	<b>Waşhingtqn</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DC   STATE	20003   -
Title or Position [Assistant ]	reasurer Telepho	ne number	<u> </u>
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the coxes or maintains funds.  Depository, etc.	ommittee deposits fu	inds, holds accounts, rents
	Amalgamated Bank	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing Address	1825 K St NW		<u> </u>
	Washington	_ PÇ	20006
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		<u> </u>	<u> </u>
Mailing Address		<u> </u>	
		1.1.1.1.1.1.1	
		لـا لـ	
	CITY	STATE	ZIP CODE

FEC Form 1 (Revised 02/2009)

Page 4

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