FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Minnesota Victory 110 E Liberty Street ADDRESS (number and street) (Check if address is changed) Mankato 56001 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shellihesselroth@gmail.com (Check if address is changed) Optional Second E-Mail Address terry@timwalz.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2016 C00574780 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. Hesselroth, Shelli, , , Type or Print Name of Treasurer Hesselroth, Shelli,,, [Electronically Filed] 12 08 2016 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE .				
Car	ndidate	Committee:				
(a)	Ш	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. (Compinformation below.)	plete the candidate			
Nam Can	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Nam Can	ne of didate					
Par	ty Con	nmittee:				
(d)		· · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate segments.	aregated fund or party			
(.)	ш	committee. (i.e., nonconnected committee)	grogation tallia of party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	nt Fund	raising Representative:				
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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			
	Com	Committees Participating in Joint Fundraiser				
	1.	MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY FEC ID number C C000	25254			
	2.	TIM WALZ FOR US CONGRESS FEC ID number C C004	09409			
	3.	FEC ID number				
	4.					

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nar		. 290 0
Minnesota Vict		
-	Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of the	e person in possession of committee
Hesselro Full Name	th, Shelli, , ,	
	110 E Liberty Street	
Mailing Address		
	Mankato	56001
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committ assistant treasurer).	tee; and the name and address of
	th, Shelli, , ,	
of Treasurer	110 E Liberty Street	
Mailing Address		
	Manuata	
	Mankato MN	56001 - -
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent Sellr	ner, Lori, , ,	
Mailing Address	110 E. Liberty Street	
	Mankato MN CITY STATE	ZIP CODE
Fitle or Position Assistant Treasurer		
safety deposit boxes of Name of Bank, Deposi	itory, etc.	osils lunas, noias accounts, rents
safety deposit boxes of Name of Bank, Deposi	r maintains funds.	psils lunds, noids accounts, rents
safety deposit boxes of Name of Bank, Deposi	ells Fargo	psits lunds, noids accounts, rents
safety deposit boxes of Name of Bank, Deposi	ells Fargo	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. ells Fargo 206 E. Hickory St.	56001
safety deposit boxes of Name of Bank, Deposition Deposition We will be a second of the second of	maintains funds. itory, etc. itory etc. 206 E. Hickory St. Mankato MN CITY STATE	
safety deposit boxes of Name of Bank, Deposition We will be written with the Mailing Address	maintains funds. itory, etc. itory etc. 206 E. Hickory St. Mankato MN CITY STATE	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	maintains funds. itory, etc. itory etc. 206 E. Hickory St. Mankato MN CITY STATE	
Name of Bank, Deposition Manuscript Mailing Address Name of Bank, Deposition Manuscript	maintains funds. itory, etc. itory etc. 206 E. Hickory St. Mankato MN CITY STATE	
safety deposit boxes of Name of Bank, Deposi	maintains funds. itory, etc. itory etc. 206 E. Hickory St. Mankato MN CITY STATE	