FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Klobuchar Victory Committee 611 Pennsylvania Ave SE ADDRESS (number and street) Ste 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address klobuchar@mbacg.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00744987 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. Type or Print Name of Treasurer Mele, Steven,, Date 10 15 2023 Signature of Treasurer Mele, Steven, , , 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

| - | | | | |
|--|---|---|--|--|
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| . TYPE OF COMMITTEE: | | | | |
| Candidate Committee: | | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate info | rmation be | elow.) | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.) | ommittee. (| Complete the candidate | | |
| Name of Candidate | | | | |
| Candidate Office Sought: House Senate | Pre | State sident | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized | d committe | District e. | | |
| Name of Candidate | | | | |
| Party Committee: | | | | |
| (d) This committee is a (National, State or subordinate) committee of the | | (Democratic, Republican, etc.) Party | | |
| Political Action Committee (PAC): | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization of | on line 6.) | Its connected organization is a: | | |
| | | | | |
| Corporation Corporation w/o Capital Stock | ŀ | Labor Organization | | |
| Membership Organization Trade Association | Į. | Cooperative | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee) | te segregated fund or party | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on li | ine 6.) | | | |
| (g) This committee is an independent expenditure-only political committee (Super PA | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | 10). | | | |
| | | . (1.1.:1.540) | | |
| (h) This committee is a political committee with both contribution and non-contribution | on account | ts (Hybrid PAC). | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| Joint Fundraising Representative: | | | | |
| (i) This committee collects contributions, pays fundraising expenses and disburses r committees/organizations, at least one of which is an authorized committee of a | • | • | | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political | | | |
| | | | | |
| Committees Participating in Joint Fundraiser 1 Follow the North Star Fund | С | C00431874 | | |
| · | | | | |
| , Klobuchar for Minnesota | U | C00431353 | | |

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|----|--|--|-----------------------|
| W | rite or Type Committee Name | liatam (Camanaitta) | |
| | | ictory Committee | |
| 6. | | ganization, Affiliated Committee, Joint Fundraising Representative, or Lead | ership PAC Sponsor |
| | NONE | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization | Leadership PAC Sponso |
| 7. | Custodian of Records: Ident books and records. | fy by name, address (phone number optional) and position of the person in posse | ession of committee |
| | Mele, Steve | en | |
| | Full Name | | |
| | Mailing Address | 611 Pennsylvania Ave SE | |
| | | Ste 143 | |
| | | Washington DC 2000 | 3 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | G., . | 332_ |
| | 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 the assistant treasurer). | name and address of |
| | Full Name Mele, Steven Mele, Mele, Steven Mele, M | en, , , | |
| | | 611 Pennsylvania Ave SE | |
| | Mailing Address | Ste 143 | |
| | | Washington DC 2000 | 2 |
| | | vasinigon 2000 | 3 - |
| | Till a Daire | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | Telephone number | |

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|--|---|-------------------|------------------------------|--|
| Full Name of Designated Agent Mailing Address | Thompson, Colby, , , 611 Pennsylvania Ave SE Ste 143 Washington | DC DC | 20003 | |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Assistant Treasu | rer Telephone | number | | |
| | Depositories: List all banks or other depositories in which the comr xes or maintains funds. | nittee deposits f | funds, holds accounts, rents | |
| Name of Bank, D | Depository, etc. | | | |
| Mailing Address | Sunrise Banks 2300 Como Ave | | | |
| | Saint Paul | MN | 55108 | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Name of Bank, Depository, etc. | | | | |
| | Amalgamated Bank | | | |
| Mailing Address | 1825 K St NW | | | |
| | | | | |
| | Washington | DC | 20006 | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |