FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1/6 •

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Klobuchar for Minnesota PO Box 4146 ADDRESS (number and street) (Check if address is changed) Saint Paul 55104 MNCITY 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) https://amyklobuchar.com (Check if address is changed) DATE 2024 C00431353 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Clark, Samuel,, Date 11 20 2024 Signature of Treasurer Clark, Samuel, , , 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

E	Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 cand information below.)	idate
	Name of Candidate Klobuchar, Amy, , ,	
	Party Affiliation DFL Sought: House X Senate President	tate MN
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F	^o arty
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a:
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	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.	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
_	Klobuchar for Mi		Jarahia DAO Garanaa
6.	Amy Klobuchar Victo	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	iersnip PAC Sponsor
	Arriy Riobuchar Victo		
	Mailing Address	611 Pennsylvania Ave SE	
		Ste 143	
		Washington DC 2000	03
		CITY ▲ STATE ▲	ZIP CODE ▲
	Polationohin: Connected		Leadership PAC Sponso
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership FAC 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	an .	
	Full Name	"",,, 	
	Mailing Address	611 Pennsylvania Ave SE	
		Ste 143	
		Washington DC 2000	03
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Assistant Treasurer		1 1 1
		Telephone number	
8.	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 Clark, Sam	uel, , ,	
		PO Box 4146	
	Mailing Address		
		Saint Paul MN 5510	04
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	· <u> </u>

FEC Form	I (Revised 02/2009)		Page 4
Full Name of Designated Agent	Mele, Steven, , ,		
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC	20003
Title or Desition	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position Assistant Treasu			
Assistant freasc	Telephone r	number	
	Depositories: List all banks or other depositories in which the commoves or maintains funds. Depository, etc.	ittee deposits f	unds, holds accounts, rents
	Sunrise Banks		
Mailing Address	2265 Como Ave		
	Saint Paul	MN	55108
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Western Bank		
Mailing Address	663 University Ave West		
	Saint Paul	MN	55014
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

D	6
Page	of °

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connector	l Organization, Affiliated Committee, Joint Fund	roining Poprocontative	o or Londorchin DAC Spons
The Klobuchar Victo		laising nepresentative	. Or Leadership FAC Spons
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC	20003
		STATE ▲	ZIP CODE ▲
	ed Organization	t Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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Page	01	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Minnesota Senate V	ictory 2024		
Mailing Address	120 Maryland Ave NE		
	Washington	DC DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	at Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A