

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Morrison for Congress

ADDRESS (number and street)

PO Box 684

(Check if address is changed)

Wayzata

CITY ▲

MN

STATE ▲

55391

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

morrisoncompliance@bluesummitsolutions.com

Optional Second E-Mail Address

tracie@bluesummitsolutions.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
11 / 09 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C C00856062

4. 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 Moore, Tracie, , ,

Signature of Treasurer Moore, Tracie, , ,

Date

MM / DD / YYYY  
03 / 07 / 2024

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 Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE:

**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 Morrison, Kelly, Louise, ,

Candidate Party Affiliation  DFL      Office Sought:  House     Senate     President      State  MN      District  03

- (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 \_\_\_\_\_ (Democratic, Republican, etc.) Party

**Political Action 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.)

- (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:**

- (i)  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.
- (j)  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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# Morrison for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  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.

Full Name Moore, Tracie, , ,

Mailing Address PO Box 684

Wayzata

MN

55391

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 612 - 562 - 6831

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Moore, Tracie, , ,

Mailing Address PO Box 684

Wayzata

MN

55391

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 612 - 562 - 6831

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number [Empty grid]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

900 Wayzata Blvd

[Empty grid for Mailing Address line 2]

Wayzata MN 55391

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

275 7th Ave

[Empty grid for Mailing Address line 2]

New York NY 10001

CITY ▲

STATE ▲

ZIP CODE ▲