Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Minnesota Democratic-Farmer-Labor Party 255 E Plato Blvd ADDRESS (number and street) (Check if address is changed) Saint Paul 55107 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lkeefe@dfl.org is changed) Optional Second E-Mail Address kmartin@dfl.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00025254 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 Midgarden Manney, Leah, , Midgarden Manney, Leah, , , Date 03 28 2024 Signature of Treasurer 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

EC Form 1 (Revised 03/2022)	Page 2
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. (Comple information below.)	ete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the DEM Republication (Demo	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund 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 (Hybr	rid 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 t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1. C	

Treasurer

	_			
	FEC Form 1 (Revised 0	2/2009)		Page 3
V	/rite or Type Committee Name			
_	Minnesota Demo	ocratic-Farmer-Labor Party		
6.		rganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leade	rship PAC Sponsor
	Minnesota House DF	L Caucus		
	Mailing Address	255 E Plato Blvd		
		St Paul	MN 55107	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundrais	ing Representative	Leadership PAC Spons
7.	Custodian of Records: Ident books and records. Keefe, Libb	ify by name, address (phone number optional) and position	n of the person in posses	sion of committee
	Full Name			
	Mailing Address	255 E Plato Blvd		
		St Paul	MN 55107	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Comptroller	Telephone n	umber 612 - [328 5150
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of tassistant treasurer).	he committee; and the r	name and address of
	Full Name Midgarden of Treasurer	Manney, Leah, , ,		
	Mailing Address	255 E Plato Blvd		
		St Paul	MN 55107	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

581

Telephone number

7319

FEC Form	I (Revised 02/2009)		Page 4
Full Name of Designated Agent	Martin, Ken, , ,		
Mailing Address	255 E Plato Blvd		
	St Paul	MN	55107
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
State Party Chai	rman	none number 651	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the exes or maintains funds.	committee deposits fund	ds, holds accounts, rents
Name of Bank, [Depository, etc.		
	Drake Bank		
Mailing Address	60 E Plato Blvd		
	St Paul	MN L	55107
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Amalgamated Bank		
Mailing Address	275 Seventh Ave		
	New York	NY NY	10010
	CITY ▲	STATE ▲	ZIP CODE ▲

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

5(g) or (h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Minnesota DFL Ser	ate Caucus 		
Mailing Address	255 E Plato Blvd		
	St Paul	ı MNı	55107
Relationship:		STATE A	ZIP CODE A
	CITY ▲ ted Organization X Affiliated Committee Joint	Fundraising Represent	
8. Designated Agent: Ident	ify by name, address (phone number – optional)		
Mailing Address			
	1		1
TITLE OR POSITIO	CITY A	STATE ▲	ZIP CODE ▲
	1	lephone Number	
9. Banks or Other Deposi t safety deposit boxes or r	tories: List all banks or other depositories in which t naintains funds.	the committee deposi	ts funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			
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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
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3.		FEC ID number	С
4		FEC ID number	С
-	l Organization, Affiliated Committee, Joint Fur Democratic National Committee	ndraising Representative	e, or Leadership PAC Spons
DIVO GETVICES COIP/			
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Jo	oint Fundraising Represent	ative Leadership PAC Sp
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1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	С
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Democratic Grassro	ots Victory Fund		
Mailing Address	430 South Capitol Street SE		
Mailing Address			
	Washington	ı DC ı	, 20003
Dalationahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
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ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	re. or Leadershin PAC Spon
State Party Victory F			
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Biden Victory Fund			· · · · · · · · · · · · · · · · · · ·
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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-	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Amy Klobuchar Vict	ory Committee		
Mailing Address	807 Broadway St NE #125		
	Minneapolis	MN	55413
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X fy by name, address (phone number – optiona	Joint Fundraising Represent	Leadership FAC Sp
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3.		FEC ID number	С
4.		FEC ID number	С
_	ed Organization, Affiliated Committee, Joint District Victory Committee	Fundraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 22116		
	Eagan	MN	55122
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Full Name L			
	ON ▼	STATE A	ZIP CODE A

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

h). Joint Fundraisir	ig Faiticipaiit.		
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Phillips Victory 2024	Organization, Anniated Committee, John Fu	nuraising nepresentativ	e, or Leadership PAC Spons
Mailing Address	450 Brimhall Street		
	Saint Paul	MN	55105
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
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3.		FEC ID number	С
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-	l Organization, Affiliated Committee, Joint Fu Rosen 2024 State Victory Fund	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	401 2nd Ave S		
	Seattle	WA	98104
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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taine of Any Connected t	Organization, Affiliated Committee, Joint	Fundraising Representa	ative or Leadershin PAC Snon
MN NV WA WI Victory		I undraising represente	inve, or Leadership 1 AO open
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE A	■ ZIP CODE ■
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		which the committee den	osits funds, holds accounts, ren
afety deposit boxes or mai	1		
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(h). Joint Fundraising			
1.		FEC ID number	С
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Name of Any Connected (Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Sponsor
MN PA Victory Fund			
Mailing Address	611 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
П			
	Organization Affiliated Committee X by name, address (phone number – optional	Joint Fundraising Represent	
Designated Agent: Identify			
Designated Agent: Identify Full Name			
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