Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Angie Craig for Congress P.O. Box 22116 ADDRESS (number and street) (Check if address is changed) Eagan 55122 MN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jacob@angiecraig.com (Check if address is changed) Optional Second E-Mail Address shellihesselroth@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.angiecraig.com (Check if address is changed) DATE 2022 C00575209 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. Swenson, Scott, , , Type or Print Name of Treasurer Swenson, Scott, , , [Electronically Filed] Date 09 2022 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. (Complete the information below.)	ne candidate
Name of Craig, Angela, Dawn, ,	
Candidate Party Affiliation DEM Office Sought: House President	State MN District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	02
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	_
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 (Hybrid Pa	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Angie Craig for		
6.	=	ganization, Affiliated Committee, Joint Fundraising Represental istrict Victory Committee	tive, or Leadership PAC Sponsor
	Mailing Address	P.O. Box 22116	
	J		
		_I Eagan _I MN	, , 55122
	_	CITY ▲ STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the pe	erson in possession of committee
	Hesselroth,	Shelli,,,	
	Full Name		
	Mailing Address	P.O. Box 22116	
		Eagan MN	55122
	Title or Position ▼	CITY ▲ STATE	E ▲ ZIP CODE ▲
	Assistant Treasurer		
	Assistant freasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commissistant treasurer).	uittee; and the name and address of
	Full Name Swenson, S	Scott, , ,	
	of Treasurer		
	Mailing Address	P.O. Box 22116	
		Eagan MN	55122
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼	311 - 31AIL	
	Treasurer	Telephone number	1 , , - , , - , , ,

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Hesselroth, Shelli, , ,		
Mailing Addres	P.O. Box 22116		
	Eagan	MN5	5122
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treas	surer 	none number]
	er Depositories: List all banks or other depositories in which the poxes or maintains funds.	committee deposits funds	holds accounts, rents
Name of Bank,	Depository, etc.		
	Drake Bank		
Mailing Address	60 East Plato Blvd		
	Ste 100		
	Saint Paul	MN 55	5107
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC 20	003
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

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(h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Majority Keepers	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Mailing Address	600 Pennsylvania Ave SE		
Ü	Unit 15180		
	Washington	DC	20003
D. Latter and the	CITY ▲	STATE ▲	ZIP CODE ▲
Relationship:		Fundraising Representa	Leadership PAC Spo
Connecte			Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representation	
Connecte Designated Agent: Identif	Affiliated Committee y by name, address (phone number – optional) CITY	Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional) CITY	Fundraising Representation	
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and of Bank, Depository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposited afety deposit boxes or mailing and marks. Citibal	Affiliated Committee y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and of Bank, Depository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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5(q)	or(h). Joint Fundraisin	q Participant:		
(0)	1.	•	FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Nadler Victory Fu	nd		
		200 West 79th Street		
	Mailing Address			
		8N		
		New York	NY NY	10024
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A Tel ries: List all banks or other depositories in which t	lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Eaglet	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main that the safety deposit boxes or main that the safety depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which taintains funds. Dank	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main that the safety deposit boxes or main that the safety depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which taintains funds. Dank	lephone Number	

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5(g)	or(h). Joint Fundraisin ç	g Participant:	
	1		FEC ID number C
	2		FEC ID number
	3		FEC ID number C
	4		FEC ID number C
6.	Name of Any Connected of Democracy Defended	_	draising Representative, or Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania Ave SE #15180	
		Washington	DC 20003
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	nt Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)	
	Mailing Address	1	
	. J		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		1	Telephone Number
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		n the committee deposits funds, holds accounts, rents
	Mailing Address		
		CITY A	STATE ▲ ZIP CODE ▲

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Stand Up for Der	mocracy JFA		
Mailing Address	PO Box 5418		
	Tacoma Park	MD	20913
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte esignated Agent: Identi	Affiliated Committee Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership I AC S
		Trundraising Fiepresent	Leadership TAO S
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi			Leadership TAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	House Victory Pro	ject 2022		
		COO Dearnay district Avec SE #45490		
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representati	Leadership PAC Sponsor
0	Designated Agents Identify	hu nama addusas (shana musahan antismal)		
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE ▲	ZIP CODE A
 8. 9. 	Full Name	CITY A Tes: List all banks or other depositories in which	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tes: List all banks or other depositories in which	STATE ▲	
	Full Name	CITY A CITY A ries: List all banks or other depositories in which intains funds.	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A CITY A ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A CITY A ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A CITY A ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	