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. Rachel Bohman for Congress PO Box 5805 ADDRESS (number and street) (Check if address is changed) Rochester 55903 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chris.kluthe@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00871046 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 Mueller, Kellie, , Date 02 23 2024 Signature of Treasurer Mueller, Kellie, , , 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) 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 candidate information below.)						
Name of Candidate Bohman, Rachel, , ,							
	Candidate Party Affiliation  Office Sought:  House  Senate President	State MN District 01					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
	Party Committee:						
	(Mational, State or subordinate) committee of the Republican, e	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 Org	ganization					
	Membership Organization Trade Association Cooperati	ve					
	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 C						

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W	rite or Type Committee Name				
	Rachel Bohman		undusising Done	accutative or load	arahin DAC Changer
ο.	NONE	rganization, Affiliated Committee, Joint Fu	indraising Repr	esentative, or Lead	ersnip PAC Sponsor
	Mailing Address				
		1			-
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number option	al) and position o	of the person in posse	ession of committee
	Mueller, Ke	ellie, , ,			
	Full Name				
	Mailing Address	PO Box 5805			
		Rochester		MN   5590	3
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	nber 507 -	398 - 5234
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the assistant treasurer).	treasurer of the	e committee; and the	name and address of
	Full Name Mueller, Ke	ellie, , ,			1
	of Treasurer	PO Box 5805			
	Mailing Address	1 O Box 3000			
		Rochester		MN 5590	3
		CITY ▲		STATE ▲	ZIP CODE ▲
Title or Position ▼					
	Treasurer		Telephone nun	nber 507 -	398 - 5234

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Full Name of Designated Kluthe, C								
Mailing Address	PO Box 5805							
	Rochester	MN	55903					
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲					
Dept Treasurer		Telephone number						
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in valuations funds.	which the committee deposits fu	ands, holds accounts, rents					
Name of Bank, Depository,	Name of Bank, Depository, etc.							
Breme	r Bank							
Mailing Address	45 28th Street Southeast							
	Rochester	MN	55904					
	CITY ▲	STATE ▲	ZIP CODE ▲					
Name of Bank, Depository, etc.								
Mailing Address								
	CITY ▲	STATE ▲	ZIP CODE ▲					