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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Minnesota Democratic-Farmer-Labor Party 255 E Plato Blvd ADDRESS (number and street) (Check if address is changed) Saint Paul 55107 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lkeefe@dfl.org (Check if address is changed) Optional Second E-Mail Address kmartin@dfl.org COMMITTEE'S WEB PAGE ADDRESS (URL) http:/www.DFL.org (Check if address is changed) DATE 02 2021 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. Moroles, Tyler, , , Type or Print Name of Treasurer Moroles, Tyler, , , [Electronically Filed] 03 02 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only Local 202-694-1100

FEC <b>F</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF	COMMITTEE te 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(Demogratio
(d) <b>X</b>	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Coi	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

FFC Form 1 (Deviced 03/2000)	Dogo 2
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
Minnesota Democratic-Farmer-Labor Party	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representa	etivo or Loadorchin BAC Sponsor
	nive, or Leadership PAC Sportsor
Minnesota House DFL Caucus	
255 E Plato Blvd  Mailing Address	
St Paul MN	55107 
CITY STAT	TE ZIP CODE
Relationship: Connected Organization 🗶 Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of t books and records.</li> </ol>	the person in possession of committee
Keefe, Libby, , ,	
255 E Plato Blvd	
Mailing Address	
St Paul	, , , 55107
Title or Position CITY STATE	ZIP CODE
Comptroller Telephone number	612 328 - 5150
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the commany designated agent (e.g., assistant treasurer).	nittee; and the name and address of
Full Name Moroles, Tyler, , ,	1
of Treasurer	
Mailing Address   255 E Plato Blvd	
St Paul MN	
CITY STATE Title or Position , Treasurer	ZIP CODE
Telephone number	

FEC <b>Form 1</b> (Rev	ised 02/2009)		Page <b>4</b>
Full Name of Designated Agent  Martin,	Ken, , ,		
Mailing Address	255 E Plato Blvd		
	St Paul CITY	STATE	5107 
Title or Position State Party Chairman	Telephone	number 651	_ 293 1200
Banks or Other Deposit safety deposit boxes or n	ories: List all banks or other depositories in which the comnaintains funds.	mittee deposits fund	s, holds accounts, rents
Name of Bank, Depositor			
Drak	e Bank		
Mailing Address	60 E Plato Blvd		
	St Paul		5107
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
<sub> </sub> Ama	Igamated Bank		
Mailing Address	275 Seventh Ave		
	New York	NY L	0010
	CITY	STATE	ZIP CODE

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

	g Participant:		-	
1.		FEC ID n	umber (	
2		FEC ID n	umber (	
3.		FEC ID r	umber (	
4.		FEC ID r	umber (	
	Organization, Affiliated Committee, Join	t Fundraising Repre	sentative,	or Leadership PAC Spor
Minnesota DFL S	enate Caucus			
Mailing Address	255 E Plato Blvd			
	St Paul		MN	55107
Relationship:	CITY A	S	TATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	Joint Fundraising F	epresentativ	ve Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optic	onal)		
esignated Agent: Identif	y by name, address (phone number – optic	onal)		
	y by name, address (phone number – optic	onal)		
Full Name	y by name, address (phone number – optic	onal)		
Full Name	y by name, address (phone number – optic			
Full Name	CITY		ATE A	ZIP CODE A
Full Name   Mailing Address	CITY			
Full Name Mailing Address  TITLE OR POSITION	CITY A	ST. Telephone Num	ber	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	ST. Telephone Num	ber	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material deposit boxes.	CITY A	ST. Telephone Num	ber	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material deposition of the box of the b	CITY A	ST. Telephone Num	ber	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material deposition of the box of the b	CITY A	ST. Telephone Num	ber	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page 6 of 14

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number C	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative, or	Leadership PAC Sponsor
	DNC Services Co	rp/Democratic National Committee		
		430 South Capitol Street SE		1
	Mailing Address			
		Washington	DC	20002
	Data tracking	Washington		20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	1 Organization X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
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 <b>A</b>
	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Te  ries: List all banks or other depositories in which	STATE ▲  lephone Number	
9.	Full Name	CITY A  Tes: List all banks or other depositories in which intains funds.	STATE ▲  lephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A  Tes: List all banks or other depositories in which intains funds.	STATE ▲  lephone Number  the committee deposits fun	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A  Tes: List all banks or other depositories in which intains funds.	STATE ▲  lephone Number  the committee deposits fun	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A  Tes: List all banks or other depositories in which intains funds.	STATE ▲  lephone Number  the committee deposits fun	

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Democratic Gras	sroots Victory Fund		
	430 South Capitol Street SE		
Mailing Address	100 Securi Gapter Galett G2		
	Washington 	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
(Connect	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
Connecti	ou organization — primitated committee — com	T undraising hopicsem	Education P 1710 O
	fy by name, address (phone number – optional)	Trumulaining Hopicochia	Louder on First State of
			Louder on First Control of the Contr
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name           Mailing Address	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: 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 mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
State Party Victo	ry Fund		
	430 South Capitol Street SE		
Mailing Address			
	Washington 	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee  Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name	fy by name, address (phone number – optional)  CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite of the deposite boxes or market boxes.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	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

(g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
Bio	den Victory Fund	d 		
		430 South Capitol Street SE		
	Mailing Address			
		Washington	DC DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
				_
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu Mi	ull Name	CITY	STATE A	ZIP CODE A
Fu Mi	ull Name	CITY A	STATE A	ZIP CODE A
Manks safety Name	ailing Address	CITY   CITY   Teleptone  Ties: List all banks or other depositories in which the	phone Number	
Manks safety Name	ailing Address  TITLE OR POSITION  s or Other Depositor deposit boxes or ma  of Bank, sitory, etc.	CITY   CITY   Teleptone  Ties: List all banks or other depositories in which the	phone Number	

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

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Dollars for Demo	I Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Dollars for Defile			
Mailing Address	430 South Capitol Street SE		
Mailing Address			
	Washington	, DC	, 20003
Relationship:			
neialionsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
п.			
	Affiliated Committee X Joint J	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the state of the content of	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Amy Klobuchar V	ictory Committee		
Mailing Address	807 Broadway St NE #125		
	MInneapolis	MN MN	55413
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee X Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ig Faiticipalit.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Tina Smith Victor	y 		
Mailing Address	PO Box 14362		
Mailing Address			
	St Paul	, MN ,	, 55114
Dolotionohim			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC S
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif  Full Name    Mailing Address	fy by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

5(g) c	or(h). <b>Joint Fundraising</b>	Participant:	
	1	F	FEC ID number
	2.		FEC ID number
	3.	F	FEC ID number
	4	F	FEC ID number
6.		Organization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leadership PAC Sponsor
	Mailing Address	PO Box 22116	
		Eagan 	MN 55122
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fun	draising Representative Leadership PAC Sponso
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Manage		
	Full Name		
	Full Name Mailing Address		
	<u> </u>		
	<u> </u>		
	<u> </u>	CITY A	STATE A ZIP CODE A
	Mailing Address	<b>*</b>	
9.	Mailing Address  TITLE OR POSITION	Telephies: List all banks or other depositories in which the	STATE   ZIP CODE   none Number
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	Telephies: List all banks or other depositories in which the	STATE   ZIP CODE   none Number
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telephies: List all banks or other depositories in which the	STATE   ZIP CODE   none Number
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telephies: List all banks or other depositories in which the	STATE   ZIP CODE   none Number

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

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraising</b>	raiticipant.		1	FF0 ID :		
1.				FEC ID numb		
2.				FEC ID numb		
3.				FEC ID numb	er C	
4.				FEC ID numb	er C	
ame of Any Connected (		ed Committee, Jo	int Fundrais	sing Represent	ative, or	Leadership PAC Spor
Phillips Victory 202						
Mailing Address	450 Brimhall Street					
	Saint Paul			MN	<u> </u>	55105
Relationship:		CITY A		STATI	<b>A</b>	ZIP CODE ▲
		iliated Committee		undraising Repre	sentative	Leadership PAC S
				undraising Repre	sentative	Leadership PAC S
esignated Agent: Identify				undraising Repre	sentative	Leadership PAC S
esignated Agent: Identify  Full Name				undraising Repre	sentative	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (pl		otional)			Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (pl	hone number – op	otional)			
esignated Agent: Identify  Full Name	by name, address (pl	hone number – op	otional)			
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mainagement of Bank,	by name, address (pl	hone number – op	otional)	STATE		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail	by name, address (pl	hone number – op	otional)	STATE		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mainagement of Bank,	by name, address (pl	hone number – op	otional)	STATE		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail	by name, address (pl	hone number – op	otional)	STATE		ZIP CODE A