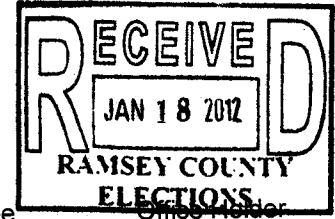




REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)



This report is a(n) (check one): New Registration Amendment

The organization is for a (check one): Candidate Political Committee Office Holder

(Please Print or Type)

| | |
|--|--------------------------------------|
| Name of Committee: Faegre Baker Daniels Government Fund (F.K.A. Faegre & Benson Government Fund) | |
| Mailing Address of Committee (include city state & zip code) 2200 Wells Fargo Center, 90 S. 7th Street Minneapolis, MN 55402-3901 | Phone Number: 612-766-7000 |
| Purpose or Office Supporting various candidates of interest to the PAC. | |
| Geographic Area | |

Officers of Committee

| Officer | Name | Address | Phone Number |
|-----------------------------------|---------------------|--|--------------|
| Chair: | Richard A. Forscher | 2200 Wells Fargo Center 905. 7th St Mpls MN 55402-3901 | 612-766-7000 |
| Co-Chair (If any) | N/A | | |
| Treasurer | Laurie A. Schrader | 2200 Wells Fargo Center 905. 7th St Mpls MN 55402-3901 | 612-766-7000 |
| Deputy Treasurer (If any) | Kevin C. Tracey | 2200 Wells Fargo Center 905. 7th St Mpls MN 55402-3901 | 612-766-7000 |
| Other Principal Officers (If any) | N/A | | |
| Other Principal Officers (If any) | N/A | | |

| | | | |
|---------------------------|----------------------------------|--|--------------------------------------|
| Custodian of Books | Name: Holly M. Bachman | Address: 2200 Wells Fargo Center 905. 7th St Mpls MN 55402-3901 | Phone Number: 612-766-7000 |
|---------------------------|----------------------------------|--|--------------------------------------|

| | | | |
|---|----------------------------------|--|--------------------------------------|
| Depository(ies)/Bank Location of Committee Funds | Name: Wells Fargo Bank | Address: Sixth and Marquette Mpls MN 55479 | Phone Number: 612-667-1600 |
| Depository(ies)/Bank Location of Committee Funds | Name: NA | Address: | Phone Number: |

This section for Political Committees Only

Candidate or Party Supported by Political Committee

| Candidate or Party Name | Address | Office | Party Affiliation (If any) |
|-------------------------|---------|--------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 1/1/12 are \$ 2150.00.

I, Laurie A. Schrader, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: Laurie A. Schrader
Treasurer, Candidate or Office Holder

Date: 1-9-12

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.