FEC

Only

STATEMENT OF

PAGE 1 / 13 ·

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 430 South Capitol Street, SE ADDRESS (number and street) 2nd Floor (Check if address is changed) Washington 20003-4024 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@dccc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.dccc.org (Check if address is changed) DATE 01 2020 C00000935 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Guinn, Lucinda, , , Type or Print Name of Treasurer Guinn, Lucinda,,, [Electronically Filed] 80 2020 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

Local 202-694-1100

	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE date 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. (Comp information below.)	lete the candidate
Name of Candidat		
Candidat Party Aff	*****	State DC District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	Committee:	
(d)	NAT ' ' DEM '	Democratic, depublican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 F	undraising Representative:	
(g)	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.	o or more political
(h)	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
С	Committees Participating in Joint Fundraiser	
1	. J	
2	2. FEC ID number C	
3	8.	
4	.	

FEC Form 1 (Revis	Sed 02/2009)	Page 3
Write or Type Committee N	Name	
DCCC		
. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	Leadership PAC Sponsor
HOUSE SENATE V	/ICTORY FUND	
	120 MARYLAND AVE NE	
Mailing Address		
	WASHINGTON DC 2	20002
	CITY STATE	ZIP CODE
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	n in possession of committe
	n, Lucinda, , ,	
Full Name	430 South Capitol Street, SE	
Mailing Address	2nd Floor	
	Washington DC	20003-4024
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 863 1500
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer).	I the name and address of
any designated agent (e.		I the name and address of
any designated agent (e.	e.g., assistant treasurer).	I the name and address of
any designated agent (e. Full Name Guinn, of Treasurer	.g., assistant treasurer).	I the name and address of
any designated agent (e. Full Name Guinn, of Treasurer	.g., assistant treasurer). a, Lucinda, , , 430 South Capitol Street, SE 2nd Floor	I the name and address of

	m 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Forte-Mackay, Jacqueline, , ,		
Mailing Address	430 South Capitol Street, SE		
	2nd Floor		
	Washington	DC 20	003-4024
	CITY	STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephor	ne number 202	- 485 - 3401
_			
		ommittee deposits funds	, holds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW	ommittee deposits funds	, holds accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW	ommittee deposits funds	, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of America, N.A. 1800 K Street, NW		, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor		
safety deposit b Name of Bank,	Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY	DC 20	006
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY	DC 20	006
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY Depository, etc. Amalgamated Bank 1825 K St NW	DC 20	006
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY Depository, etc. Amalgamated Bank 1825 K St NW	DC 20	006
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY Depository, etc. Amalgamated Bank 1825 K St NW	DC 20 STATE	006

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

	g Participant:			
1		FEC ID nu	mber C	
2.		FEC ID nu	mber C	
3.		FEC ID nu	mber C	
4.		FEC ID nu	mber C	
ame of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Repres	entative, or Le	adership PAC Spor
NANCY PELOSI	VICTORY FUND			
Mailing Address	430 S CAPITOL ST SE			
	2ND FLOOR			
	WASHINGTON	1 1	DC 20	003
Relationship:	CITY ▲	ST	ATE 🛦	ZIP CODE ▲
Connected	d Organization Affiliated Committee	X Joint Fundraising Re	oresentative	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optic	onal)		
esignated Agent: Identify	by name, address (phone number – option	onal)		
	by name, address (phone number – option	onal)		
Full Name	by name, address (phone number – option	onal)		
Full Name	by name, address (phone number – option			
Full Name	CITY			
Full Name Mailing Address	CITY		E A	
Full Name Mailing Address TITLE OR POSITION	CITY A	STAT Telephone Numb	er	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	CITY A	STAT Telephone Numb	er	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftery deposit boxes or main arms of Bank,	CITY A	STAT Telephone Numb	er	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftery deposit boxes or main arms of Bank,	CITY A	STAT Telephone Numb	er	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STAT Telephone Numb	er	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STAT Telephone Numb	er	ZIP CODE A

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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		T EO ID Humber	0
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spon
MUCARSEL-PO	WELL 2018 VICTORY FUND		
Mailing Address	430 SOUTH CAPITOL ST SE		
Mailing Address	2ND FLOOR		
	WASHINGTON	, DC	20003
Relationship:	CITY A	STATE A	ZIP CODE A
	J =	0,,,,,,	
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	Leadership PAC Sp
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 Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	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 Te	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 Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
(0)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	INED TO BEOL VI			
	Mailing Address	430 SOUTH CAPITOL STREET, SE		
		2ND FLOOR		
		WASHINGTON	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	l Organization	t Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			

FEC Form 1S (Revised 02/2017)

Page _8 **of** _13__

y) or (h). Joint Fundraisin	g Participant:		
, ,, ,, , , , , , , , , , , , , , , ,		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Sponsor
SEAN PATRICK I	MALONEY HOUSE VICTORY FUND)	
Mailing Address	430 SOUTH CAPITOL ST SE		
	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
Mailing Address			
		1 1 . 1	1
TITLE OF POOLEION	_ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	1	elephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
CHERI BUSTOS	HOUSE VICTORY FUND		
	430 S CAPITOL ST SE		
Mailing Address			
	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC S
Connecte	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
Connecte		t Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	
Connecte esignated Agent: Identi	fy by name, address (phone number – optional) CITY CITY		
Connecte 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	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mailing to the content of the co	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit aftety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit aftety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: 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

Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc. Mailing Address	▼	CITY A or other depositories in whi	STATE A Telephone Number	ZIP CODE ZIP CODE sits funds, holds accounts, rents
anks or Other Deposito afety deposit boxes or material ame of Bank, epository, etc.	▼	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	▼	CITY A	STATE A Telephone Number	ZIP CODE A
			STATE ▲	
			STATE ▲	
Mailing Address				
esignated Agent: Identify Full Name	y by name, address	(phone number – optional)		
			oint Fundraising Represer	ntative Leadership PAC Sp
Relationship:		CITY A	STATE A	
Deletionship	PURCELLVILLE		VA VA	20134
	DIDOELLY			20124
Mailing Address				
	PO BOX 2153			
ame of Any Connected WOLVERINE VIC		ated Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spons
4.				
41			FEC ID number	
3.			l FEC ID number	
3.			FEC ID number	C
1			FEC ID number	C

FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.	1		FEC ID number	C
4.			FEC ID number	C
	e of Any Connected O	rganization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	430 S CAPITOL ST SE 2ND FLOOR		
		WASHINGTON	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected (Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
		by name, address (phone number - optional)		
Fu	unated Agent: Identify I	oy name, address (phone number – optional)		
Fu	ull Name	oy name, address (phone number – optional)		
Fu	ull Name			
Fu	ull Name	CITY A	STATE A	ZIP CODE A
Fu	ull Name	CITY A	STATE A	
Fu M T Banks safety Name	ull Name	CITY CITY Tele Ses: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

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

n). Joint Fundraising					
1.				FEC ID number	C
2.				FEC ID number	С
3				FEC ID number	C
4.				FEC ID number	С
=	_	ated Committee, Jo	int Fundrais	ing Representativ	re, or Leadership PAC Spo
NEW WAVE WOM	EN 				
Mailing Address	430 S CAPITOL S	ST SE			
	2ND FLOOR				
	WASHINGTON		1 1 1 1	DC	20003
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Organization	Affiliated Committee	X Joint Fu	ndraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify		Affiliated Committee		ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name		Affiliated Committee		ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify		Affiliated Committee		ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name		Affiliated Committee		ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Committee	otional)		Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Committee (phone number – op	otional)		
Connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Committee (phone number – op	otional)		
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION enks or Other Depositori fety deposit boxes or main ame of Bank,	by name, address	Affiliated Committee (phone number – op	otional)	STATE A	
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main	by name, address	Affiliated Committee (phone number – op	otional)	STATE A	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION enks or Other Depositori fety deposit boxes or main ame of Bank,	by name, address	Affiliated Committee (phone number – op	otional)	STATE A	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	by name, address	Affiliated Committee (phone number – op	otional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) o	or(h). Joint Fundraising	ı Participant:			
	1.	· · · · · · · · · · · · · · · · · · ·		FEC ID number	C
	2			FEC ID number	C
	3.			FEC ID number	C
	4.			FEC ID number	C
6.			nmittee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	HOLD THE HOUS	E VICTORY FUND			
	Mailing Address	430 SOUTH CAPITOL STR	EET SE		
	Mailing Address	2ND FLOOR			
		WASHINGTON		, DC	, 20003
	Relationship:		Y A	STATE A	ZIP CODE ▲
		Organization Affiliated O		undraising Representa	
8.	Designated Agent: Identify	by name, address (phone n	umber - optional)		
	Full Name				
	Mailing Address				
		1			
	TITLE OR POSITION	CITY	A	STATE ▲	ZIP CODE ▲
			Tele	phone Number	
	Banks or Other Depositor safety deposit boxes or mai		epositories in which th	e committee deposit	s funds, holds accounts, rents
		manis funds.			
	Name of Bank, Depository, etc.				
	Mailing Address				
ı		CITY	A	STATE ▲	ZIP CODE ▲