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HAND DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL CENTER

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: over the li	If typying, type nes	12FE4M5	and the same of th	
L	Democratic Properties	Corpor	ation-Federal	<u> 1 </u>				لـــا
لــا		111				111111		ப
ADI	DRESS (number and street)	430	South Capitol St	treet, SE	1111			
	(Check if address is changed)	بيا	<u> </u>		1111			<u>၂</u> .
المسمط	io arangaaj	Was	hington	1_1_1_1			20003 -	Ц
				CITY		STATE	ZIP CODE 🛦	
CO	MMITTEE'S E-MAIL ADDRES	SS (Pleas	e provide only one e	e-mail address)				
	(Check if address	mar	shall@dnc.org		1111	<u> </u>		الب
[]	is changed)		11111			11111	<u> </u>	الت
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СО	MMITTEE'S WEB PAGE ADD	ORESS (I	JRL)					
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2.	2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
3.	FEC IDENTIFICATION NUM	VIBER		C C00384	479			
4.	IS THIS STATEMENT) NE	W (N) OR	- Later	AMENDED (A)			
l ce	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete							
Тур	Type or Print Name of Treasurer Andrew Tobias							
X _{Sig}	gnature of Treasure	Ab	<u> </u>	kal		Date 0,7	'[°11] '[<u>`201</u>	<u>4</u>
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 CH	ANGE IN INFORMA	TION SHOULD	BE REPORTED	WITHIN 10 DAYS		
	Office Use Only			Feds Toll I	rurther Information ral Election Commi Free 800-424-9530 I 202-894-1100		FEC FORM 1 (Revised 02/2009)	

<u>. </u>		FEC F	Form 1 (Revised 02/2009)	Page 2					
5.	TYPE OF COMMITTEE (Check One)								
	(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 candidate information below.) Name of Candidate									
							Cand Party	idate Affiliati	ion Office House Senate President
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Cand			<u> </u>					
	Party	Comm							
	(d)			emocratic, epublican,etc.) Party.					
	Politi	cal Act	tion 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	Organization					
			Membership Organization Trade Association Coop	erative					
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.	I fund as norths					
This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)			riund 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 Fundraising Representative:								
	(g)	L	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political					
	(h) 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. FEC ID number C						
			2. FEC ID number C						
			3. FEC ID number C						
			FEO ID TURNES C	Acres de la constitución de la c					

Write or Type Committee Name			
••	•		
Democratic Properties	S Corporation-Federal		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leader	ship PAC Sponsor
DNC Services Corpora	tion		
			<u></u>
Mailing Address	430 S Capitol Street SE		
			1111111
	Washington Washington	LIC L	20003 -
	CITY▲	STATE A	ZIP CODE A
Relationship:			•
Connected Organization	on X Affiliated Committee Joint Fu	ndraising Representative	Leadership PAC Sponsor
Mailing Address	430 S Capitol Street SE		
	Washington	DC	20003 _
Title or Position ♥	CITY A	STATE &	ZIP CODE A
	CITY A		
8. Treasurer: List the nam name and address of all Full Name	CITY A	STATE A Telephone number 202 — The treasurer of the committe	ZIP CODE & 863 - 8000
8. Treasurer: List the nam name and address of all Full Name	city A It Treasurer e and address (phone number optional) of any designated agent (e.g., assistant treasurer	STATE A Telephone number 202 — The treasurer of the committe	ZIP CODE & 863 - 8000
8 Treasurer: List the nam name and address of all Full Name of Treasurer Andre	city A It Treasurer e and address (phone number optional) of my designated agent (e.g., assistant treasurer rew Tobias	STATE A Telephone number 202 — The treasurer of the committe	ZIP CODE & 863 - 8000
8. Treasurer: List the nam name and address of all Full Name of Treasurer Andre	e and address (phone number optional) of my designated agent (e.g., assistant treasurer rew Tobias 430 South Capitol Street	STATE A Telephone number	ZIP CODE & 863 - 8000

1403-128-1272

FEC Form 1 (Revised 02/2009)

	Full Name of Designated Agent	Bradley K. Marshall		
	Mailing Address	430 S Capitol Street SE	Managara and Spirite and Spiri	
		Washington	DC	2003 -
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
	Assista	nt Treasurer	Telephone number 202	8638000
9.	Banks or Other Deposit safety deposit boxes or n Name of Bank, Depositor	naintains funds.	which the committee deposits funds	, holds accounts, rents
Bank of America 730 15th Street NW				<u> </u>
	Malling Address			
		Washington	pc pc	20005 -
		CITY 🛦	STATE △	ZIP CODE A
	Name of Bank, Depositor	ry, etc.		
	Mailing Address			
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			لنا لنب	
		CITY 🙇	STATE 4	ZIP CODE A

Name of Bank, Depository, e	ntains funds.		[ADDITIONAL]
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Mailing Address		1.1 + 1 + 1 + 1 + 1 + 1	1111111
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	CITY 🛕	STATE	ZIP CODE A
Name of Any Connected O	rganization, Affillated Committee, Joint Fundrals	ning Ponrocentative, or Leade	[ADDITIONAL
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Malling Address	430 South Capitol Street SE	4	
Maming / Wallood	2nd Floor		
	, Washington		
	Washington	اللّا ليب	20003
atlonship:	CITY	STATE	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundral	sing Representative Lead	dership PAC Sponsor
Designated Agent	The state of the s		[ADDITIONAL]
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Full Name			
Full Name Mailing Address			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
	Date of Receipt
Hand Delivered	7/25/14
USPS First Class Mail	Postmarked
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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
	7/25/14
(8/2013)	DATE PREPARED