STATEMENT OF

PAGE 1 / 12 ·

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. Democratic Congressional Campaign Committee 430 South Capitol Street, SE ADDRESS (number and street) 2nd Floor (Check if address is changed) Washington 20003 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 03 2012 C00000935 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. Robert E. Mook Type or Print Name of Treasurer Robert E. Mook [Electronically Filed] 09 2012 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

-	EC Fo	rm 1 (Pavicad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		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. (Cominformation below.)	nplete the candidate
Name Cand			
Cand Party	idate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)	X	This committee is a NAT (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		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 secommittee. (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	t Fund	raising 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	me	
Democratic Co	ongressional Campaign Committee	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Nancy Pelosi Victory	[,] Fund 	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
	Washington DC 200	03
	CITY STATE	ZIP CODE
Relationship: Connec	tted Organization	Leadership PAC Sponsor
books and records.	dentify by name, address (phone number optional) and position of the person in E. Mook	1 possession of committee
Full Name	,430 South Capitol Street, SE	
Mailing Address	2nd Floor	
	Washington , DC , 200	003
	Washington DC 200	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	- 863 - 1500
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the committee; and the committee and the c	ne name and address of
Full Name Robert E	E. Mook	
Mailing Address	430 South Capitol Street, SE	
Maining Address	2nd Floor	
	Washington DC 200	03
	CITY STATE	ZIP CODE
Title or Position Treasurer		863 1500

Telephone number

11010	rm 1 (Revised			
Full Name of Designated Agent	Jacqueline	Forte-Mackay		
Mailing Address	6	430 South Capitol Street, SE		
		2nd Floor		
		Washington	DC 200 STATE	003 ZIP CODE
Title or Position Assistant Trea			. 202 .	- 485 - 3401
Banks or Othe	er Depositorie	es: List all banks or other depositories in which the com	nmittee deposits funds,	holds accounts, rents
safety deposit	boxes or main	tains funds.		
safety deposit Name of Bank	boxes or main Depository, e			
-	Depository, e			
-	Depository, e	tc.		
Name of Bank,	Depository, e	f America, N.A.		
Name of Bank,	Depository, e	f America, N.A.	DC 200	005
Name of Bank,	Depository, e	f America, N.A.	DC 200	005 ZIP CODE
Name of Bank,	Depository, e Bank of	America, N.A. 730 15th Street, NW Washington CITY		
Name of Bank, Mailing Addres	Depository, e Bank of	America, N.A. 730 15th Street, NW Washington CITY		
Name of Bank, Mailing Addres	Depository, e	America, N.A. 730 15th Street, NW Washington CITY		
Name of Bank, Mailing Addres	Depository, e	America, N.A. 730 15th Street, NW Washington CITY		
Name of Bank, Mailing Addres	Depository, e	America, N.A. 730 15th Street, NW Washington CITY		

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor House Senate Victory Fund 120 Maryland Avenue, NE Mailing Address 20002 Washington DC **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Jared Polis Majority Fund 2012 PO Box 1174 Mailing Address Springfield 22151 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

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FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Red to Blue Majority Fund PO Box 1174 Mailing Address Springfield 22151 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 10 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Joe Kennedy Victory Fund 430 South Capitol Street, SE Mailing Address 2nd Floor 20003 DC Washington **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 11 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Ohio Victory Fund 2012 430 South Capitol Street, SE Mailing Address 2nd Floor 20003 DC Washington **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 12 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Committee for Battleground NY Victory Fund 430 South Capitol Street, SE Mailing Address 2nd Floor DC 20003 Washington **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number