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STATEMENT OF **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. Nancy Pelosi Victory Fund 430 S Capitol St 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 forte@dccc.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2019 C00492421 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. Newman, Jacqueline, , , Type or Print Name of Treasurer Newman, Jacqueline, , , [Electronically Filed] 07 2019 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 FC	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	e Committee: This committee is a principal committee (Complete the candidate information below)	
(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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State DC District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	· · · · ·	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g) x	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.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	Nancy Pelosi for Congress	213512
2.	PAC to the Future FEC ID number C C003	344234
3.	DCCC FEC ID number C C000	000935
4.		

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Write or Type Committee N		<u> </u>
Nancy Pelosi	Victory Fund	
-	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the persor	ı in possession of committee
	an, Jacqueline, , ,	
Full Name	430 South Capitol Street, SE	
Mailing Address	2nd Floor	
	Washington DC 2	0003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	_ 863 _ 1500
. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Newmore Newmore Newmore	an, Jacqueline, , ,	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
	Washington DC 2	0003 ZIP CODE
Title or Position Treasurer		863 1500

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Full Name of Designated Agent	Forte-Mackay, Jacqueline, , ,	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
	Washington DC 20003	
Tiale en Decition	CITY STATE	ZIP CODE
Title or Position Assistant Trea		485
Banks or Othe safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds.	olds accounts, rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. Depository, etc.	olds accounts, rents
safety deposit b	boxes or maintains funds.	olds accounts, rents
safety deposit b	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW	la accounts, rents
safety deposit the Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW	la accounts, rents
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safety deposit the Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington DC 20006	3 1
safety deposit the Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY STATE	
safety deposit the Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY STATE Depository, etc.	3 1
safety deposit the Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY STATE Depository, etc.	3 1
safety deposit the Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America, N.A. 1800 K Street, NW 4th Floor Washington CITY STATE Depository, etc.	3 1