PAGE 1 / 7 =

FEC FORM 1		ORGANI			Office Use Only
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
		rp./Dem. Nat'			
ADDRESS (number a	nd street)	430 South Capitol St SE			
(Check if a is changed					
io orangot	-,	Washington CITY		DC 20 STATE ▲	0003
COMMITTEE'S E-MA	AIL ADDRES	SS			
Check if a is changed		marshall@dnc.org			
		Optional Second E-Mail pateIm@dnc.org	Address		
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL) www.dnc.org			
2. DATE 0		2016			
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C00010603		
4. IS THIS STATEM	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the b	pest of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name	of Treasurer	Andrew Tobias			
Signature of Treasure	er <i>Andrev</i>	v Tobias	[Electronically Filed]	Date 06	16 2016
NOTE: Submission of			tion may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Fo	rm 1 (Revised 02/2009)	Page 2
	COMMITTEE 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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
Con	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

ership PAC Sponsor ZIP CODE Leadership PAC Sponsor
ZIP CODE
Leadership PAC Sponsor
possession of committee
1
3
ZIP CODE
863 - 8000
name and address of
1
7ID CODE
ZIP CODE 863

FEC For n	n 1 (Revised 02/2009)	Page 4					
Full Name of Designated	Brad Marshall	1					
Agent							
Mailing Address	430 South Capitol Street SE						
	Washington DC 20003 CITY STATE	ZIP CODE					
Title or Position Assistant Treas	urer Telephone number	863 - 8000					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
	Amalgamated Bank						
Mailing Address	275 Seventh Ave						
	New York NY 10001						
	CITY STATE	ZIP CODE					
Name of Bank, I	Depository, etc.						
Mailing Address							
	CITY STATE	ZIP CODE					

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 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 CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Democratic Hope Fund 430 South Capitol Street SE Mailing Address 20003 Washington DC **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

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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 CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Bernie Victory Fund 430 South Capitol Street SE Mailing Address 20003 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

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 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 CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor HILLARY ACTION FUND PO BOX 5256 Mailing Address **NEW YORK** 10185 **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