12/10/2012 15:48

PAGE 1 / 4

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 South Capitol Street, SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS forte@dccc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 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. Kelly C. Ward Type or Print Name of Treasurer Kelly C. Ward [Electronically Filed] 12 10 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

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>I</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate	e <u>                                    </u>	
Candidat Party Affi		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	e [	
Party C	Committee:	(Dama austia
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Il Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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)	segregated 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 Fu	undraising Representative:	
(g) >	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
С	ommittees Participating in Joint Fundraiser	
1.	Nancy Pelosi for Congress FEC ID number C CO	0213512
2	Democratic Congressional Campaign Committee FEC ID number C C0	0000935
3	. FEC ID number	
4	.           FEC ID number	

FEC Form 1 (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
Nancy Pelosi V	ctory Fund	
	Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
_		
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representation	ative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	tify by name, address (phone number optional) and position of the p	person in possession of committee
Kelly C. W	ard	
Full Name	,430 South Capitol Street, SE	
Mailing Address	2nd Floor	
		20003
	Washington	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Tolophono number	1-1 1-1
	Telephone number	
B. <b>Treasurer:</b> List the name and	d address (phone number optional) of the treasurer of the committee	; and the name and address of
any designated agent (e.g., a		
Full Name Kelly C. Was of Treasurer	ard 	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer		

	n 1 (Revised 02/2009)	
Full Name of Designated	Jacqueline Forte-Mackay	
Agent	430 South Capitol Street, SE	
Mailing Address		
	2nd Floor	
	Washington DC 20003	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	urer Telephone number –	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	s accounts, rents
Name of Bank, I	Depository, etc.	
Name of Bank, [	Depository, etc.  Bank of America, N.A.	
Name of Bank, I	Depository, etc.	
	Depository, etc.  Bank of America, N.A.	
	Depository, etc.  Bank of America, N.A.	
	Depository, etc.  Bank of America, N.A.  730 15th Street, NW  Washington  DC 20005	ZIP CODE
	Depository, etc.  Bank of America, N.A.  730 15th Street, NW  Washington  CITY  STATE	ZIP CODE
Mailing Address	Depository, etc.  Bank of America, N.A.  730 15th Street, NW  Washington  CITY  STATE	ZIP CODE
Mailing Address	Depository, etc.  Bank of America, N.A.  730 15th Street, NW  Washington  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, [	Depository, etc.  Bank of America, N.A.  730 15th Street, NW  Washington  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, [	Depository, etc.  Bank of America, N.A.  730 15th Street, NW  Washington  CITY  STATE	ZIP CODE