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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. New Jersey Democratic State Committee 196 West State Street ADDRESS (number and street) (Check if address is changed) Trenton 08608 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pnichols@njdems.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.njdems.org (Check if address is changed) DATE 29 2017 C00104471 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. Maer, Kelly, Stewart, , Type or Print Name of Treasurer Maer, Kelly, Stewart, , [Electronically Filed] 10 29 2017 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i ago 🚣
Can	ndidate	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.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	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.)	
Join	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.	vo 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 C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee	Name	
New Jersey	Democratic State Committee	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
Mailing Address		
3		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponso
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the	person in possession of committee
	nols, Peter, D, ,	
Full Name	196 West State Street	
Mailing Address		
	Trenton	08608
Title or Position	CITY STATE	ZIP CODE
Deputy Treasurer/CFC	O Telephone number	609 - 392 - 3367
	me and address (phone number optional) of the treasurer of the committee (e.g., assistant treasurer).	e; and the name and address of
Full Name Mae of Treasurer	r, Kelly, Stewart, ,	
Mailing Address	196 West State Street	
	Trenton	08608
Title or Position	CITY STATE	ZIP CODE 609 392 3367
	Telephone number	

FEC For n	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Nichols, Peter, D, ,	
Mailing Address	196 West State Street	
	Trenton NJ 08608 CITY STATE	ZIP CODE
Title or Position Deputy Treasure	er/CFO Telephone number 609	392 - 3367
). Banks or Other safety deposit bo Name of Bank, [Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds. Depository, etc.	ds accounts, rents
	Bank of America	
Mailing Address	50 East State Street	
	Trenton NJ 08608	
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
DNC State Party	Victory Fund		
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A
Full Name _ _ Mailing Address TITLE OR POSITION	CITY A	STATE Telephone Number	
Full Name _ _ Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in whi	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or make the same of Bank, Bank	CITY A cries: List all banks or other depositories in whi	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	CITY A cries: List all banks or other depositories in white anintains funds.	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or make the same of Bank, Bank	CITY A cries: List all banks or other depositories in white anintains funds. of America	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	CITY ▲ CITY ▲ Ories: List all banks or other depositories in white paintains funds. Of America 730 15th Street NW	STATE Telephone Number ch the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	CITY A cries: List all banks or other depositories in white anintains funds. of America	STATE Telephone Number	

FEC Form 1S (Revised 02/2017)

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g) or (h). Joint Fundraisin	g Participant:		
1.	. .	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
Dollars for Democ	erats		
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sponsor
Designated Agent: Identify	by name, address (phone number – optional)	
Full Name			
Mailing Address			
	1		1
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in whaintains funds.	ich the committee deposit	s funds, holds accounts, rents
Name of Bank, M&T	Rank		
Depository, etc.			
Mailing Address	1350 I Street NW		
	Washington	DC DC	20007

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected ASDC Partnershi	Organization, Affiliated Committee, Joint Fup Program	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee fy by name, address (phone number – optional		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee fy by name, address (phone number – optional		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the committ	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the connected agents.	Affiliated Committee fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the committ	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite to safety deposit boxes or make a control of Bank, M&T	Affiliated Committee fy by name, address (phone number – optional CITY CITY Pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes o	Affiliated Committee fy by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in what aintains funds. Bank	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes o	Affiliated Committee fy by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in what aintains funds. Bank	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
ASDC Joint Victo	ry Account		
1			
Mailing Address	430 South Capitol Street SE		
	Washington	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	st Fundraising Representation	
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing and maili	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, M & T	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Booker Senate \	ictory		
Mailing Address	196 West State Street		
	Trenton	NJ NJ	08608
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	Affiliated Committee James Joe Strategy Joe	int Fundraising Represent	
Pesignated Agent: Ident			
esignated Agent: Ident			Leadership PAC Spo
Pesignated Agent: Ident			
Pesignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional)	STATE A	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Depositately deposit boxes or name of Bank, Citiba	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposition afety deposit boxes or not be a position, etc.	ories: List all banks or other depositories in which naintains funds. 600 Pennsylvania Avenue SE	STATE A Telephone Number	ZIP CODE s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposition afety deposit boxes or not be a position, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A s funds, holds accounts, rents

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1	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Hillary Victory Fu	##		
Mailing Address	PO Box 5256		
Mailing Address			
	New York	, NY	10185
Deletienekin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A

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(g) or (h). Joint Fundraisir	g Participant:				
1.			FEC ID	number	C
2.			FEC ID	number	C
3.			FEC ID	number	С
4.			FEC ID	number	С
		Committee, Joint F	undraising Rep	resentative	e, or Leadership PAC Sponsor
NJ-5 Victory Fund	. 				
Mailing Address	1050 17th Street NW				
	Washington			DC	20036
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connecte	d Organization Affilia	ated Committee	Joint Fundraising	Representa	Leadership PAC Sponsor
Designated Agent: Identify	y by name, address (pho	one number – option	al)		
Mailing Address	1				
Mailing Address					
		CITY A		STATE A	ZIP CODE ▲
TITLE OR POSITION	▼	CITT A			ZIF GODE A
			Telephone Nu	ımber	
safety deposit boxes or ma		her depositories in w	hich the committ	ee deposit	s funds, holds accounts, rents
Mailing Address					
	Washington			DC	20006
		CITY A	S	STATE A	ZIP CODE ▲

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1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	roots Victory Fund		
Mailing Address	430 South Capitol Street SE		
Mailing Address			
	Washington	DC	20003
	Washington 	DC DC	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	cies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name	cies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A