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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) over the lines. is changed) Democratic National Committee - Travel Offset Account 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 fec@dnc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.democrats.org (Check if address is changed) DATE 2021 C00460147 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. Smolskis, Joseph, W.,, Type or Print Name of Treasurer Smolskis, Joseph, W.,, [Electronically Filed] 03 18 2021 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 F e	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE e 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
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Domogratic
(d) x	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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 se 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 Fun	draising 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
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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V	Vrite or Type Committee Nam	e	
	Democratic Na	tional Committee - Travel Offset Account	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
N	IONE		
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
·.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
		Joseph, W., ,	1
	Full Name	430 South Capitol Street SE	
	Mailing Address		
		Washington DC 2000	3
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number 202 –	863 - 8000
3.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Smolskis, of Treasurer	Joseph, W., ,	
	Mailing Address	430 South Capitol Street SE	
		Washington DC 2000	3
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		863 - 8000

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank,	oxes or maintains funds. Depository, etc.	
	Depository, etc. Amalgamated Bank 1825 K Street NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW	3 1
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	