Only

## STATEMENT OF

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**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. Neal Victory Fund 700 13th Street, NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PLGroup@perkinscoie.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00694299 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. Hall, Michael, F.,, Type or Print Name of Treasurer Hall, Michael, F.,, [Electronically Filed] 01 18 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

Local 202-694-1100

l	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	Ш	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. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		, ,	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 conn	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 secommittee. (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.)	
Join	t Fund	raising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	Richard E Neal for Congress Committee FEC ID number C C002	26522
	2.	The Madison PAC FEC ID number C C004	26809
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		- age C
Neal Victory F	und	
	d Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
		] [
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization  Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
	Jeanne, , ,	
Full Name	700 13th Street, NW	
Mailing Address	Suite 600	
	Washington	, ,20005
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
8. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	tee; and the name and address of
	ichael, F., ,	
of Treasurer	700 13th Street, NW	
Mailing Address		
	Suite 600	
	Washington	20005
Title or Position , Treasurer	CITY STATE	ZIP CODE
lieasulei	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		2 0002
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	
safety deposit to Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K Street, NW	
safety deposit b	Depository, etc.  Amalgamated Bank  1825 K Street, NW	
safety deposit to Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K Street, NW	
safety deposit to Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K Street, NW	
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K Street, NW  Washington  DC 2000	06
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE	06
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE	06
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE  Depository, etc.	06
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE  Depository, etc.	06
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE  Depository, etc.	06