| Image# 201608069022181120 | | | | |
|---|---|--|-----------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | _ | | PAGE 1 / 4 —— |
| | | | Of | fice Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Bernie Victory Fu | und | | | |
| | | | | |
| ADDRESS (number and street) | 430 South Capitol Street SE | | | |
| (Check if address is changed) | | | | |
| | Washington └── └── └── └── └── └── └── └── └── └── | | DC 200 STATE ▲ | 03 ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | ESS | | | |
| (Check if address is changed) | patelm@dnc.org | | | |
| | Optional Second E-Mail Ad | dress | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | | | | |
| 2. DATE 08 / 0 | 6 / Y Y Y Y 2016 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C C | 00592568 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined t | his Statement and to the bost | of my knowledge and belief i | t is true correct and | complete |
| i contry that i have challined t | | or my knowledge and beller i | | complete. |
| Type or Print Name of Treasure | er Manisha Patel | | | |
| Signature of Treasurer | isha Patel | [Electronically Filed] | Date 08 | 06 / Y Y Y Y 06 2016 |
| NOTE: Submission of false, erron | | may subject the person signing ON SHOULD BE REPORTED V | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

08/06/2016 18 : 03

| | _ |
|---|---------------------------------------|
| FEC Form 1 (Revised 02/2009) | Page 2 |
| TYPE OF COMMITTEE | |
| Candidate 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. (Com information below.) | plete the candidate |
| Name of Candidate | |
| Candidate Office Sought: House Senate President | State |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| Party Committee: | |
| | (Democratic, Republican, etc.) Par |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nected organization is |
| 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 par |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 |
| Committees Participating in Joint Fundraiser | |
| Bernie 2016 FEC ID number C C00 | 577130 |
| 2. DNC Services Corp/Democratic National Committee 2. FEC ID number C c000 | 010603 |
| 3 FEC ID number C | |
| 4 | |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Bernie Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address | | | | |
|---|------|-------|----------|--|
| J. J | | | | |
| | | | | |
| | CITY | STATE | ZIP CODE | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Manisha Pa | atel |
|-------------------|-------------------------------------|
| Full Name | |
| Mailing Address | 430 South Capitol Street SE |
| | |
| | Washington DC 20003 |
| Title or Position | CITY STATE ZIP CODE |
| | Telephone number |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | Manisha Patel |
|---------------------------|---|
| Mailing Address | 430 South Capitol Street SE |
| | |
| | Washington DC 20003 - |
| | CITY STATE ZIP CODE |
| Title or Position | |
| | Telephone number |

| Full Name of Designated Agent | |
|-------------------------------------|---|
| Mailing Address | 430 South Capitol Street SE |
| | |
| | Washington DC 20003 |
| | CITY STATE ZIP CODE |
| Title or Position | |
| | Image: |

9. 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 | 1825 K Street NW | | |
| | | | |
| | Washington | DC 20006 | |
| | CITY | STATE ZIP CODE | |
| Name of Bank, De | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE ZIP CODE | |