PAGE 1 / 6 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) DC DEMOCRATIC STATE COMMITTEE P.O.Box 50622 ADDRESS (number and street) (Check if address is changed) Washington DC 20091 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS treasurer@dcdemocraticparty.org (Check if address is changed) Optional Second E-Mail Address chris@pattonprocessing.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://dcdemocraticparty.org/ (Check if address is changed) DATE 09 03 2019 C00295964 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. Garay, Corina, , , Type or Print Name of Treasurer Garay, Corina, , , [Electronically Filed] 02 20 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

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. TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the	ne candidate information below.)					
(b) This committee is an authorized committee, and is NOT a princinformation below.)	cipal campaign committee. (Complete the candidate					
Name of Candidate						
Candidate Office Sought: House	Senate President District					
(c) This committee supports/opposes only one candidate, and is NO	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a STA (National, State or subordinate) committee	DEM (Democratic, Republican, etc.) Party					
or caseramate, committee	Tiopublican, etc.) Farty					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected	ed organization on line 6.) Its connected organization is a:					
Corporation Corporation w/o	Capital Stock Labor Organization					
Membership Organization Trade Associatio	=					
In addition, this committee is a Lobbyist/Registrant PA	C.					
(f) This committee supports/opposes more than one Federal candid committee. (i.e., nonconnected committee)	date, and is NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PA	C.					
In addition, this committee is a Leadership PAC. (Identity	itify sponsor on line 6.)					
(g) This committee is an independent expenditure-only political com	nmittee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PA						
	, ,					
In addition, this committee is a Lobbyist/Registrant PA	C.					
Joint Fundraising Representative:						
This committee collects contributions, pays fundraising expenses	s and disburses net proceeds for two or more political					
committees/organizations, at least one of which is an authorized	·					
(j) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized comm	·					
Committees Participating in Joint Fundraiser						
1.	C					

Treasurer

	_		
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V	Vrite or Type Committee Na		
	DC DEMOCI	RATIC STATE COMMITTEE	
6.	= = = = = = = = = = = = = = = = = = =	ed Organization, Affiliated Committee, Joint Fundraising Representation	tive, or Leadership PAC Sponsor
	DEMOCRATIC G	RASSROOTS VICTORY FUND	
	Mailing Address	430 SOUTH CAPITOL ST SE	
		WASHINGTON DC	20003
		OTATE	7/D 00DE A
		CITY ▲ STATE	
	Relationship: Connec	ected Organization Affiliated Organization Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records: le books and records.	Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Garay,	, Corina, , ,	
	Full Name		
	Mailing Address	PO Box 50622	
		Washington	
		CITY ▲ STATE	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
_			
8.	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comm .g., assistant treasurer).	nittee; and the name and address of
	Full Name Garay,	, Corina, , ,	
	of Treasurer		
	Mailing Address	PO Box 50622	
		Washington	20091
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼	OIT - OINIL	211 0001 -

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Title of Tosition (Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits functions or maintains funds.	ds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Amalgamated Bank	
Mailing Address	275 Seventh Avenue	
	New York	10011
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	First Virginia Community Bank	
Mailing Address	1301 Ninth Street, NW	
	Washington DC	20001
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e. or Leadership PAC Spon
	CORP./DEM. NAT'L COMMITTEE		
<u> </u>			
	400 00UTU 04 DITOL 0TDEET 05		
Mailing Address	430 SOUTH CAPITOL STREET SE		
	WASHINGTON	DC L	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	lative Leadership PAC S
	d Organization Affiliated Committee X J		tative Leadership PAC S
			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identing Full Name	y by name, address (phone number – optional)		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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5(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
6. Name of Any Connected Or BIDEN VICTORY F	rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	430 SOUTH CAPITOL STREET SE		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected C	Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
8. Designated Agent: Identify b	y name, address (phone number – optional)		
Full Name			
Mailing Address			
ı			
l l			
TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE A
TITLE OR POSITION ▼	CITY A	STATE A	
	CITY Tele S: List all banks or other depositories in which th	ephone Number	ZIP CODE 🛦
9. Banks or Other Depositorie safety deposit boxes or maint Name of Bank, Depository, etc.	CITY Tele S: List all banks or other depositories in which th	ephone Number	ZIP CODE 🛦