

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

North Carolina Democratic Party - Federal

ADDRESS (number and street)

PO Box 1926

(Check if address is changed)

Raleigh

CITY ▲

NC

STATE ▲

27602

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

compliance@ncdp.org

Optional Second E-Mail Address

ncdems@acuitypolitics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.ncdp.org

2. DATE

MM / DD / YYYY
06 / 11 / 2026

3. FEC IDENTIFICATION NUMBER ▶

C C00165688

4. 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.

Type or Print Name of Treasurer Chaney, Deniese, , ,

Signature of Treasurer Chaney, Deniese, , ,

Date

MM / DD / YYYY
06 / 11 / 2026

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

FEC FORM 1
(Revised 06/2012)

5. 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State MN District

- (c) 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 of the DEM (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

C _____

2. _____

C _____

Write or Type Committee Name

North Carolina Democratic Party - Federal

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

Democratic Grassroots Victory Fund

Mailing Address

430 South Capitol Street, SE

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Full Name Chaney, Deniese, , ,

Mailing Address P.O. Box 1926

Raleigh

NC

27602

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 919 - 821 - 2777

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 Chaney, Deniese, , ,

Mailing Address P.O. Box 1926

Raleigh

NC

27602

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 919 - 821 - 2777

Full Name of Designated Agent

Roberson, John, , ,

Mailing Address

1030 15th St NW #404

Washington

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

202

240

7451

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.

North State Bank

Mailing Address

6200 Falls of Neuse Road

Raleigh

NC

27609

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

275 Seventh Avenue

New York

NY

10011

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5H-CB

Form/Schedule: F1A
Transaction ID :

<html> <head><title>301 Moved Permanently</title></head> <body> <center><h1>301 Moved Permanently</h1></center> <hr><center>CloudFront</center> </body> </html>

Form/Schedule:
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

HARRIS VICTORY FUND

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

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Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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FEC ID number C _____

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

DON DAVIS VICTORY FUND

Mailing Address 122 C STREET NW

SUITE 360

WASHINGTON DC 20001

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____

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Name of Bank, Depository, etc. _____

Mailing Address _____

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Mailing Address

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Mailing Address

Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number --

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Mailing Address

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

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Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number --

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Mailing Address

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Mailing Address

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FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____

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

SAVE OUR SENATE 2026

Mailing Address 600 PENNSYLVANIA AVE SE
 UNIT 15180
 WASHINGTON DC 20003
 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
 Mailing Address _____

 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number _____-_____-_____

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Name of Bank, Depository, etc. _____
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 CITY ▲ STATE ▲ ZIP CODE ▲

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4. _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

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

OH NC VICTORY FUND 2026

Mailing Address _____

600 PENNSYLVANIA AVE SE #15180

WASHINGTON DC 20003

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone Number _____-_____-_____

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