

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Philadelphia Victory Fund	2. DATE RECEIVED ELECT 1996 Aug. 20, 1996
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) c/o DCCC 430 S. Capitol Street, SE 2nd FL	3. FEC IDENTIFICATION NUMBER 10018004
(c) City, State and ZIP Code Washington, DC 20003	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (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	State/District

- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.
 Joint Fundraising Committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Democratic Cong. Camp. Comm.	430 S. Capitol St, SE Washington, DC 20003	Joint Fundraising Participant
Democratic Senatorial Camp. Comm.	430 S. Capitol St, SE Washington, DC 20003	Joint Fundraising Participant

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Matthew H. Angle	c/o DCCC 430 S. Capitol St, SE Washington, DC 20003	Asst. Treasurer

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	Mailing Address	Title or Position
Paul Johnson	430 S. Capitol Street, SE	Treasurer
Matthew H. Angle	Washington, DC 20003	Asst. Treasurer

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 and ZIP Code
Crestar Bank, NA	3301 New Mexico Avenue, NW Washington, DC 20016

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 Paul Johnson	SIGNATURE OF TREASURER 	DATE Aug. 30, 1996
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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.

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

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JSS

PREPARER

9-5-96

DATE PREPARED