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**FEC** 

## STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE

15 OCT 13 PM 1:23

FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Nevada Senate Victory 2016 Maryland Avenue NE ADDRESS (number and street) (Check if address is changed)  $\mathsf{DC}$ CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) compliance@dscc.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER 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. Y/ates Baroody Type or Print Name of Treasurer Date Signature of Treasurer 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 02/2009) Toll Free 800-424-9530 Only

Local 202-694-1100

|                                   | FEC Fo  | rm 1 (Revised 02/2009)   | Page 2                                  |  |  |
|-----------------------------------|---|--|---|--|--|
| . 1                               | TYPE OF COMMITTEE   |  |   |  |  |
| (                                 | Candidate   | re 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. (Compinformation below.)   | lete the candidate                      |  |  |
|                                   | Name of<br>Candidate  | ·- · · · · · · · · · · · · · · · · · ·   |   |  |  |
|                                   | Candidate<br>Party Affiliati  | on Office House Senate President   | State District                          |  |  |
| (                                 | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. |  |   |  |  |
|                                   | Name of<br>Candidate  |  |   |  |  |
| Ī                                 | Party Con   | nmittee:   |   |  |  |
| (                                 | d)  |  | Democratic,<br>lepublican, etc.) Party. |  |  |
| F                                 | Political A   | ction Committee (PAC):   |   |  |  |
| (                                 | e)  | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn  | ected 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.  | Соореганче                              |  |  |
| (                                 | (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.)   |   |  |  |
| _                                 |   | In addition, this committee is a Leadership PAC. (Identity sponsor on line 6.)   |   |  |  |
| Joint Fundraising Representative: |   |  |   |  |  |
| (9                                | 3) 🔀  | 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. |   |  |  |
| (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.                           | or more political                       |  |  |
|                                   | Com   | mittees Participating in Joint Fundraiser  |   |  |  |
|                                   |   | DSCC   | 2366                                    |  |  |
|                                   | 1.  | Secretion 5  |   |  |  |
|                                   | 2.  | Catherine Cortez Masto for Senate   FEC ID number C 0057   | 5548                                    |  |  |
|                                   | 3.  | FEC ID number C  | لحسسا                                   |  |  |
|                                   | 4.  | FEC ID number  |   |  |  |

| Write or Type Committee Name   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Nevada Senate Victory 2016   |   |  |  |  |  |  |  |
| 6. Name of Any Connected   | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor   |  |  |  |  |  |  |
| None   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Mailing Address  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | CITY STATE ZIP CODE   |  |  |  |  |  |  |
| Relationship: Connecte   | d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor   |  |  |  |  |  |  |
| <ol> <li>Custodian of Records: Ide<br/>books and records.</li> </ol> | ntify by name, address (phone number optional) and position of the person in possession of committee  |  |  |  |  |  |  |
| Full Name Yates  | Baroody   |  |  |  |  |  |  |
| Mailing Address  | 120 Maryland Avenue NE  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | Washington DC 20002   |  |  |  |  |  |  |
| Title or Position  | CITY STATE ZIP CODE   |  |  |  |  |  |  |
| Treasurer  | Telephone number 202 - 224 - 2447   |  |  |  |  |  |  |
|  | 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  Yates  | Baroody   |  |  |  |  |  |  |
| Mailing Address  | 120 Maryland Avenue NE  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | Washington DC 20002 -   |  |  |  |  |  |  |
| Title or Position  | CITY STATE ZIP CODE   |  |  |  |  |  |  |
| Treasurer<br>I   | Telephone number [202, ] - [224, ] - [2447, ]   |  |  |  |  |  |  |

|    | Full Name of<br>Designated<br>Agent   |                        |           |                       |  |  |
|----|---|------------------------|-----------|-----------------------|--|--|
|    | Mailing Address   | 120 Maryland Avenue NE |           |                       |  |  |
|    |   |                        | 1 1 1 1   |                       |  |  |
|    |   | [Waşhington            | DC        | 20002   -   -         |  |  |
|    | Title or Position   | CITY                   | STATE     | ZIP CODE              |  |  |
|    | Assistant T   | reasurer Telephone n   | umber [20 | 2 224 [2447 ]         |  |  |
| 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.  |                        |           |                       |  |  |
|    | ıAmalgamated Bank   |                        |           |                       |  |  |
|    | Mailing Address   | 1825 K Street NW       | 1111      |                       |  |  |
|    |   |                        |           |                       |  |  |
|    |   | [Washington]           | DC        | [20006]               |  |  |
|    |   | CITY                   | STATE     | ZIP CODE              |  |  |
|    | Name of Bank, Depository, etc.  |                        |           |                       |  |  |
|    |   |                        |           |                       |  |  |
|    | Mailing Address   |                        |           |                       |  |  |
|    | maining riddrood  |                        | [ 1 [ j   | 1 ! ! ; ! ! ! ! ! ! ! |  |  |
|    |   |                        |           |                       |  |  |
|    |   | CITY                   | STATE     | ZIP CODE              |  |  |
|    |   |                        |           |                       |  |  |

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NA K. MACCALLUM SUPERINTENDENT ARI SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-711 PHONE (202) 224-0322

## United States Senate

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