## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Majority, Inc 611 Pennsylvania Ave SE ADDRESS (number and street) Num 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS demvictory@mbacg.com (Check if address is changed) Optional Second E-Mail Address ibegun@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2022 C00781039 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. Begun, Jeremy, , , Type or Print Name of Treasurer Begun, Jeremy, , , [Electronically Filed] 04 05 2022 Signature of Treasurer Date 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 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising 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.	o 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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

	sed 02/2009)		Page <b>3</b>
Write or Type Committee N	Name		
Democratic M	/lajority, Inc		
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fu	undraising Representative, or Leader	rship PAC Sponsor
NONE			
_			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee	oint Fundraising Representative	eadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number opt	ional) and position of the person in p	ossession of committe
Begur Full Name	n, Jeremy, , ,		
Mailing Address	611 Pennsylvania Ave SE		
	Num 143		
	Num 143 Washington	DC 20003	
Title or Position	Washington		ZIP CODE
Title or Position		DC 20003 STATE	ZIP CODE
Title or Position  Treasurer	Washington		ZIP CODE
Treasurer	Washington	STATE  Telephone number	
Treasurer	Washington  CITY  e and address (phone number optional) of the	STATE  Telephone number	
Treasurer  Treasurer: List the name any designated agent (e	Washington  CITY  e and address (phone number optional) of the	STATE  Telephone number	
Treasurer  Treasurer: List the name any designated agent (e  Full Name Begur of Treasurer	Washington  CITY  e and address (phone number optional) of the e.g., assistant treasurer).	STATE  Telephone number	
Treasurer  Treasurer: List the name any designated agent (e	e and address (phone number optional) of the .g., assistant treasurer).	STATE  Telephone number	
Treasurer  Treasurer: List the name any designated agent (e  Full Name Begur of Treasurer	e and address (phone number optional) of the .g., assistant treasurer).  h, Jeremy, , ,	STATE  Telephone number	
Treasurer  Treasurer: List the name any designated agent (e  Full Name Begur of Treasurer	e and address (phone number optional) of the .g., assistant treasurer).  h, Jeremy, , ,  611 Pennsylvania Ave SE	STATE  Telephone number  treasurer of the committee; and the r	

FEC For	<b>n 1</b> (Revised 02)	/2009)				Page <b>4</b>
Full Name of						
Designated Agent						
Mailing Address						
	Ι.		1	I . I	I	1–1
		CITY		STATE		ZIP CODE
Title or Position						
			Telephone numb	oer	–	
safety deposit be Name of Bank,	oxes or maintains	ist all banks or other depositories in s funds.	wnich the committee	e deposits id	rius, riolus	
safety deposit be	Depository, etc.  Amalgama	s funds.	wnich the committee			
safety deposit b Name of Bank,	Amalgama	ated Bank			1 1 1	
safety deposit b Name of Bank,	Amalgama	ated Bank  5 Seventh Ave			10001	ZIP CODE
safety deposit be Name of Bank,	Amalgama	ated Bank  5 Seventh Ave  ew York		NY	10001	
safety deposit be Name of Bank, Mailing Address	Amalgama	ated Bank  5 Seventh Ave  ew York		NY	10001	
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Amalgama   278	ated Bank  5 Seventh Ave  ew York		NY STATE	10001	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Depository, etc.  Ne	ated Bank 5 Seventh Ave ew York CITY		NY STATE	10001	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Depository, etc.  Ne	ated Bank 5 Seventh Ave ew York CITY		NY STATE	10001	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Depository, etc.  Ne	ated Bank 5 Seventh Ave ew York CITY		NY STATE	10001	ZIP CODE

## : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A
Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to maintain (1) a separate bank account (non-contribution account) to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees, the funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees, and (2) a separate bank account (contribution account) to deposit and withdraw funds raised in accordance with federal contribution limits and source restrictions.

Form/Schedule: Transaction ID: