Only

STATEMENT OF

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| FEC FORM 1 | | OR | GAN | IZA T | ΓΙΟ | N | | | | | | | | | | | | |
|---|------------------|----------------|------------------------|--------------|----------|--------------------------------------|----------|--------|-------|-------|-----|------|------|--------|--------|------------------------|--------|-------|
| | | | | | | | | | | | | | Off | ice Us | e Only | | | |
| NAME OF COMMITTEE (ir | n full) | \ - | eck if name hanged) | ; | | ole:If ty ne lines | | type | | 12E | E4 | M5 | | | | | | |
| Democratic | State C | ommitte | e (Dela | awar | e) | | | | | | | | | 1 1 | | | | |
| | | | | | | | | | | | | | | | | | | Ш |
| ADDRESS (number a | nd street) | PO Box 206 | 5 | | | | | | | | | | | | | | | |
| (Check if a is changed | | | | | | | | | | | | | | | | | | |
| is changed | 4) | Wilmington | 1 1 1 1 | 1 1 | | 1 1 | 1 1 | , 1 | | DĘ | ı | ı | 1989 | 99 | | _ | 1 1 | |
| | | CITY | A | | | | | | | STAT | E 🛦 | ı | | | ZIP | COD | E▲ | |
| COMMITTEE'S E-MA | AIL ADDRES | SS | | | | | | | | | | | | | | | | |
| (Check if a is changed | | Darryl@Co | mmonCents | sConsult | ting.net | | | | | | | | | | | | | |
| | | Optional Se | cond E-Mai | | | | | | | | | | | | | | | |
| COMMITTEE'S WEB (Check if a is changed | address | PRESS (URL) | | | | | | | | | | | | | | | | |
| 2. DATE 0 | | | 24 | | | | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ | С | C002 | 11763 | | | | | | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEW (N |) O F | 3 | × | AME | ENDEI | O (A) | | | | | | | | | | |
| I certify that I have e | examined thi | s Statement | and to the | best of | my kno | owledge | e and | belief | it is | true, | cor | rect | and | comp | olete. | | | |
| Type or Print Name | of Treasurer | Keeley, Hel | ene, , , | | | | | | | | | | | | | | | |
| Signature of Treasure | er K <u>eele</u> | y, Helene, , , | | | | | | | D | ate | | 01 | | 30 | | | 2024 | Y |
| NOTE: Submission of | false, errone | ous, or incomp | | | | | | | | | | | | oenalt | ies of | 52 U. | S.C. § | 30109 |
| Office Use | | | | | F | or furthe ederal El oll Free 8 | ection (| Commi | | act: | | | | | |) RM 06/2012 | | |

Toll Free 800-424-9530

Local 202-694-1100

| E | EC Form 1 (Revised 03/2022) | Page 2 |
|---|---|--------------------|
| | 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 information below.) | candidate |
| | Name of Candidate ''','','','',',',',',',',',',',',',',' | |
| | Candidate Party Affiliation Office Sought: House Senate President | State |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: | |
| | (d) X This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican, e | 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 Org | janization |
| | Membership Organization Trade Association Cooperation | ve . |
| | 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 committee. (i.e., nonconnected committee) | 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.) | |
| | (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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political |
| | Committees Participating in Joint Fundraiser | |
| | 1. C | |

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|----|--|---|--------------------------------------|
| ٧ | Vrite or Type Committee Name | Committee (Deleviers) | |
| _ | | e Committee (Delaware) | taller and a to the Bridge |
| 6. | - | rganization, Affiliated Committee, Joint Fundraising Representa | tative, or Leadership PAC Sponsor |
| | DINC Services Corpo | ration/Democratic National Committee | |
| | | | |
| | Mailing Address | DE Victory Fund | |
| | | 430 S. Capitol, SE | |
| | | Washington | C 20003 |
| | | CITY ▲ STAT | TE ▲ ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization X Joint Fundraising Representation | resentative Leadership PAC Spor |
| 7. | Custodian of Records: Identi books and records. | fy by name, address (phone number optional) and position of the p | person in possession of committee |
| | Tattrie, Dar | ryl, , , | |
| | Mailing Address | PO Box 2065 | |
| | | | |
| | | Wilimington DE | E 19899 _ _ |
| | | CITY A CTAT | TE A ZID CODE A |
| | Title or Position ▼ | CITY ▲ STAT | TE ▲ ZIP CODE ▲ |
| | Assistant Treasurer | Telephone number | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the commissistant treasurer). | nmittee; and the name and address of |
| | Full Name Keeley, He of Treasurer | ene,,, | |
| | Mailing Address | PO Box 2065 | |
| | | | |
| | | Wilmington | DE 19899 |
| | Title or Decition — | CITY ▲ STAT | TE ▲ ZIP CODE ▲ |
| | Title or Position ▼ Treasurer | _ | 302 - 328 - 9036 |

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|---|---------------------------|
| Full Name of Designated Agent | |
| Mailing Address | |
| | |
| | |
| CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | |
| Telephone number | |
| . Banks or Other Depositories: List all banks or other depositories in which the committee deposits fund safety deposit boxes or maintains funds. | ls, holds accounts, rents |
| Name of Bank, Depository, etc. | |
| PNC Bank | |
| Mailing Address 1704 Marsh Rd | |
| | |
| Wilmington | 19810 |
| CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depository, etc. | |
| Amalgamated Bank | |
| Mailing Address 275 Seventh Avenue | |
| | |
| New York | 10011 |
| CITY ▲ STATE ▲ | ZIP CODE ▲ |

FEC Form 1S (Revised 02/2017)

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

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| Page | of ' | |

| 1. | | FEC ID number | С |
|---|--|-------------------------|---------------------------|
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| 4. | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spon |
| Democratic Grassroo | ts Victory Fund | | |
| | | | |
| | | | |
| Mailing Address | 430 South Capitol Street SE | | |
| | | | |
| | Washington | ı DC ı | 20003 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE A |
| riolationomp. | CITT | SIAIL | ZIF GODE A |
| esignated Agent: Identify | / by name, address (phone number - optional) | | |
| esignated Agent: Identify | by name, address (phone number – optional) | | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address | CITY A | | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito | CITY A | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or maintain the state of the stat | CITY A | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail arms of Bank, Bank of Bank, Bank | CITY A | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc. Bank of Bank | CITY A ries: List all banks or other depositories in which aintains funds. | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail arms of Bank, Bank of Bank, Bank | CITY CITY ries: List all banks or other depositories in which aintains funds. f America | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or maintain and the property depository, etc. Bank of Bank, epository, etc. | CITY CITY ries: List all banks or other depositories in which aintains funds. f America | Telephone Number | |

FEC Form 1S (Revised 02/2017)

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

| | | 7 | |
|------|----|---|--|
| Page | of | ′ | |

| (h). Joint Fundraising | Participant: | | |
|--|--|------------------------|--------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4 | | FEC ID number | C |
| Name of Any Connected (| Organization, Affiliated Committee, Joint Fundr | aising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | 430 SOUTH CAPITOL STREET SE | | |
| | | | |
| Relationship: | WASHINGTON CITY A | DC STATE A | 20003 ZIP CODE ▲ |
| П | | Fundraising Representa | |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | | |
| TITLE OR POSITION | CITY A | STATE A | ZIP CODE A |
| TITLE OR POSITION | • | STATE A | ZIP CODE A |
| | Te ies: List all banks or other depositories in which | the committee deposit | s funds, holds accounts, rents |
| Banks or Other Depositor rafety deposit boxes or main Name of Bank, Depository, etc. | ies: List all banks or other depositories in which ntains funds. | the committee deposit | s funds, holds accounts, rents |
| Banks or Other Depositor rafety deposit boxes or main Name of Bank, Depository, etc. | ies: List all banks or other depositories in which ntains funds. | the committee deposit | s funds, holds accounts, rents |

FEC Form 1S (Revised 02/2017)

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

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| Page | of ' | |

| 1. | | FEC ID number | С |
|--|--|-------------------------|-----------------------------|
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| Name of Any Connecte | d Organization, Affiliated Committee, Joint Fund | raising Representativ | re, or Leadership PAC Spons |
| Lisa Blunt Rocheste | er Victory Fund | | |
| | | | |
| | | | |
| Mailing Address | PO Box 33079 | | |
| | | | |
| | Washington | , DC | 20033 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| riciationomp. | CITT | SIAIL | ZII CODE A |
| | ted Organization Affiliated Committee X Join | t Fundraising Represent | tative Leadership PAC Spo |
| | | t Fundraising Represent | tative Leadership PAC Spo |
| Designated Agent: Iden | | t Fundraising Represent | tative Leadership PAC Spo |
| Designated Agent: Iden Full Name | | t Fundraising Represent | tative Leadership PAC Spo |
| Designated Agent: Iden Full Name | | t Fundraising Represent | tative Leadership PAC Spo |
| Designated Agent: Iden Full Name Mailing Address | tify by name, address (phone number – optional) | | |
| Designated Agent: Iden Full Name | tify by name, address (phone number – optional) CITY CITY | STATE A | Leadership PAC Spo |