**FEC** 

Only

# STATEMENT OF

PAGE 1 / 17 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DCCC 430 South Capitol Street, SE ADDRESS (number and street) 2nd Floor (Check if address is changed) Washington 20003-4024 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@dccc.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00000935 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Merz, Julie, , Date 11 11 2024 Signature of Treasurer Merz, Julie, , , 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign confirmation below.)	ommittee. (Complete the candidate
Name of Candidate	<u></u>
Candidate Party Affiliation Office Sought: House Senate	State DC President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	
Name of Candidate	
Party Committee:	
(d) This committee is a NAT (National, State or subordinate) committee of the	(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 committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on 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 committees/organizations, at least one of which is an authorized committee of a	•
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federa	
Committees Participating in Joint Fundraiser	
1.	C
2.	C

	FEC Form 1 (Revised 0	2/2009)	   Page <b>3</b>
V	/rite or Type Committee Name	,	9
	DCCC		
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	HOUSE SENATE VIO	CTORY FUND	
	Mailing Address	120 MARYLAND AVE NE	
		WASHINGTON DC 20002	-
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Relationship: Connected		dership PAC Spons
	riolationiship.	Zerial and Constitution of the contraction of the c	dersing 17to opone
·.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	of committee
	Merz, Julie,		
	Full Name	,, 	
	Mailing Address	430 South Capitol Street, SE	
		2nd Floor	
		Washington   DC   20003-4024	4 , ,
	Title or Position ▼	CITY ▲ STATE ▲ ZI	P CODE ▲
	Treasurer	1 202   86	3 , , 1500
	Treasurei	Telephone number	- 1500
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Merz, Julie,		
	of Treasurer	100 Octob Octob Octob Octob Octob	
	Mailing Address	430 South Capitol Street, SE	
		2nd Floor	
		Washington DC 20003-4024	4
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	3   -   1500

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Mailing Address	Forte-Mackay, Jacqueline, , ,  430 South Capitol Street, SE  2nd Floor  Washington	DC	20003-4024
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasure	er 	elephone number 202	485 3401
	Depositories: List all banks or other depositories in which es or maintains funds.	the committee deposits fund	s, holds accounts, rents
Name of Bank, De	epository, etc.		
Mailing Address	Bank of America, N.A.  1800 K Street, NW  4th Floor  Washington		20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
ı	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 2	20006
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
NANCY PELOSI VIO	CTORY FUND		
Mailing Address	430 S CAPITOL ST SE		
	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
riciationismp.	CITY		
			ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo		ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo		Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi			
Agent: Identi	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Represent	
connected signated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	int Fundraising Represent	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, Citibal	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	int Fundraising Represent	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Citibal	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	int Fundraising Represent	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Journal of Journal of States (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which an intains funds.	int Fundraising Represent	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Journal of Journal of States (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which an intains funds.	int Fundraising Represent	ZIP CODE A

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1.		Participant:				
				FEC II	0 number	С
2				FEC II	0 number	С
3.				FEC II	) number	С
4.				   FEC II	0 number	С
				<del></del>		
	f Any Connected OVERINE VICTOR		ated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spons
VVOL	VERNINE VICTOR					
Ма	ailing Address	PO BOX 2153				
		PURCELLVILLE	1 1 1 1 1 1 1		_ VA	20134
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ted Agent: Identify	by name, address	(phone number – option	nal)		
	ted Agent: Identify	by name, address	(phone number – option	nal)		1 1 1 1 1 1 1 1 1 1
Full I		by name, address	(phone number – option	nal)		
Full	Name	by name, address	(phone number – option	nal)		
Full I	Name	by name, address	(phone number – option	nal)		
Full I	Name		(phone number – option		STATE A	ZIP CODE A

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spons
JEFFRIES VICTORY	/ FUND		
Mailing Address	910 17TH ST NW STE 925		
	WASHINGTON	DC	20006
Relationship:	CITY A	STATE <b>A</b>	ZIP CODE ▲
•	_		
Connecte		oint Fundraising Represent	tative Leadership PAC Spo
Connecte  Designated Agent: Identif	ed Organization Affiliated Committee X Jo		tative Leadership PAC Spo
Connecte  Designated Agent: Identif	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connecte  Designated Agent: Identif	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connecte  Designated Agent: Identif	Affiliated Committee X Joint J		
Connecte  Designated Agent: Identif	Affiliated Committee X Joint Street Joint Street Joint Street Str	STATE A	Leadership PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Joint Street Joint Street Joint Street Str		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the property	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposited afety deposit boxes or make the state of Bank,	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
		rganization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
٨	Mailing Address	430 SOUTH CAPITOL STREET SE		
	J. T. T.	2ND FLOOR		
		WASHINGTON	DC	20003
F	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected C	Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8. Design	nated Agent: Identify b	by name, address (phone number - optional)		
Ful	I Name			
Ма	iling Address			
TI	TLE OR POSITION V	, CITY 🛦	STATE ▲	ZIP CODE ▲
			Telephone Number	
safety of Name of Deposit	deposit boxes or main of Bank, tory, etc.	es: List all banks or other depositories in whice tains funds.	ch the committee deposit	ts funds, holds accounts, rents
	Mailing Address	<u> </u>		
		I	1 1 1	1 1 1

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

Page of <sup>17</sup>

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
				1 1 1 1 1 1 1 1 1 1 1
N	Mailing Address	PO BOX 681202		
r	Dalatianahin	SCHAUMBURG		60168
г	Relationship:	CITY ▲  Organization	STATE ▲  Fundraising Representa	ZIP CODE ▲  ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
Ful Ma TI  9. Banks safety Name	II Name	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	
9. Banks safety Name Deposi	II Nameailing Address  ITLE OR POSITION Y  or Other Depositori deposit boxes or main of Bank,	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	
9. Banks safety Name Deposi	II Nameailing Address  ITLE OR POSITION To or Other Depositori deposit boxes or main of Bank, itory, etc.	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	
9. Banks safety Name Deposi	II Nameailing Address  ITLE OR POSITION To or Other Depositori deposit boxes or main of Bank, itory, etc.	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	

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

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5(g) or (h).	Joint Fundraising	у Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
ļ	Mailing Address	430 SOUTH CAPITOL STREET, SE		
		WASHINGTON	DC	20003
I	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponso
B. <b>Desig</b> i	nated Agent: Identify	by name, address (phone number - optional)		
Fu	II Name			
Ma	ailing Address			
Т	ITLE OR POSITION Y	CITY A	STATE A	ZIP CODE A
T	ITLE OR POSITION	<b>*</b>	STATE ▲ ephone Number	ZIP CODE A
Banks safety	or Other Depositori deposit boxes or main of Bank,	Tel	ephone Number	
Banks safety	or Other Depositori deposit boxes or main of Bank, itory, etc.	Tel	ephone Number	
Banks safety	or Other Depositori deposit boxes or main of Bank,	Tel	ephone Number	
Banks safety	or Other Depositori deposit boxes or main of Bank, itory, etc.	Tel	ephone Number	
Banks safety	or Other Depositori deposit boxes or main of Bank, itory, etc.	Tel	ephone Number	

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(h). Joint Fun	draising Participant:				
1.			FEC ID numb	er C	
2.			FEC ID numb	er C	
3.			FEC ID numb	er C	
4.			FEC ID numb	er C	
Name of Any Con	nected Organization,	Affiliated Committee, Joint	Fundraising Represent	ative, or	Leadership PAC Spons
DELBENE DEN	MOCRATIC MAJOF	RITY FUND			
	↓ 430 S CAP	ITOL ST SE			
Mailing Addres	SS				
	2ND FL				
	WASHING	TON 	DC		20003
			CTATI		ZIP CODE ▲
	nnected Organization	CITY A  Affiliated Committee   dress (phone number – option	Joint Fundraising Repre		Leadership PAC Spo
Co		Affiliated Committee X	Joint Fundraising Repre		Leadership PAC Spo
Co	Identify by name, add	Affiliated Committee X	Joint Fundraising Repre		Leadership PAC Spo
Designated Agent:	Identify by name, add	Affiliated Committee X	Joint Fundraising Repre		Leadership PAC Spo
Designated Agent:	Identify by name, add	Affiliated Committee X	Joint Fundraising Repre		Leadership PAC Spo
Designated Agent:  Full Name  Mailing Address	Identify by name, add	Affiliated Committee X	Joint Fundraising Repre	sentative	Leadership PAC Spo
Designated Agent:	Identify by name, add	Affiliated Committee	Joint Fundraising Representation	sentative	

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
	of Any Connected O	rganization, Affiliated Committee, Joint Fo	ındraising Representativ	e, or Leadership PAC Sponsor
ı	Mailing Address	600 PENNSYLVANIA AVE SE #15180		
		WASHINGTON	DC	20003
ĺ	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected (	Organization Affiliated Committee X	Joint Fundraising Represent	ative Leadership PAC Sponsor
	nated Agent: Identify but the last of the	oy name, address (phone number – optiona	)	
Ma	ailing Address			
Т	TITLE OR POSITION \	CITY A	STATE ▲	ZIP CODE ▲
L			Telephone Number	
safety Name	or Other Depositoried deposit boxes or main of Bank, sitory, etc.	es: List all banks or other depositories in whatains funds.	nich the committee deposi	ts funds, holds accounts, rents
	Mailing Address			
	g			

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1	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
SARA JACOBS HOU	JSE VICTORY FUND		
Mailing Address	122 C STREET NW		1 1 1 1 1 1 1 1 1 1
	SUITE 360		
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name	y by name, address (phone number – optional	)	
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE A
TITLE OR POSITION	CITY ▲	STATE ▲ Telephone Number	ZIP CODE 🛦
Banks or Other Deposito	ories: List all banks or other depositories in wh	Telephone Number	
Banks or Other Depositorsafety deposit boxes or management	pries: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Depositorsafety deposit boxes or management	pries: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fund	Iraising Representative	e. or Leadership PAC Spons
AGUILAR LEADERS			
Mailing Address	499 S CAPITOL STREET SW		
	SUITE 420		
Dalatianahini	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connecte		nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	fy by name, address (phone number – optional)		
Connecte  Designated Agent: Identi  Full Name	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
Connecte  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A

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Connected On THE FUTUR!	rganization, Affiliated Committee, Joint 2024  430 SOUTH CAPITOL STREET SE	FEC ID n FEC ID n FEC ID n FEC ID n	number C C number C	
THE FUTURI	E 2024	FEC ID r	number C	
THE FUTURI	E 2024	FEC ID n	umber C	
THE FUTURI	E 2024			
THE FUTURI	E 2024	Fundraising Repre	sentative, or	Leadership PAC Spons
THE FUTURI	E 2024	Fundraising Repre	sentative, or	Leadership PAC Spons
Address	430 SOUTH CAPITOL STREET SE			
Address	430 SOUTH CAPITOL STREET SE			
	2ND FLOOR			
	WASHINGTON	1	DC	20003
ship:	CITY A		LI STATE ▲	ZIP CODE ▲
e [				
ddress				
R POSITION ▼	CITY ▲	ST	ATE 🛦	ZIP CODE ▲
		Telephone Num	ber	
	agent: Identify be didress  R POSITION ▼  ner Depositorie	Connected Organization  Affiliated Committee  Agent: Identify by name, address (phone number – optional didress  CITY A  CITY A  CITY A	Connected Organization Affiliated Committee X Joint Fundraising Regent: Identify by name, address (phone number – optional)  CITY A Solution Soluti	STATE ▲  Connected Organization Affiliated Committee X Joint Fundraising Representative  Affiliated Committ

Page	of <sup>1</sup>	17
raye	UI	

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
MORELLE VICTOR	Y FUND		
Mailing Address	P.O. BOX 90914		
	1		
	ROCHESTER	NY	14609
Relationship:	OITV A	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi			ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X John Stranger St		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X John Stranger St		
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X John Stranger St	STATE A	
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposit safety deposit boxes or markets.	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or make the safety deposit boxes o	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A

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

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	ising Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	ted Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Sponsor
Mailing Address	401 2ND AVE S STE 303		
	SEATTLE	WA	98104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Conne	ected Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
8. <b>Designated Agent:</b> Ide			
	entify by name, address (phone number - optional)		
Full Name L	entify by name, address (phone number – optional)		
Full Name	entify by name, address (phone number – optional)		
Full Name	entify by name, address (phone number – optional)		
Full Name L	CITY	STATE A	ZIP CODE A
Full Name	ON ▼	STATE A	ZIP CODE A
Full Name L L L L L L L L L L L L L L L L L L L	ON   CITY   Sitories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  9. Banks or Other Depos safety deposit boxes or Name of Bank, Depository, etc.	ON   CITY   Sitories: List all banks or other depositories in which	elephone Number	