STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)
   □ (Check if name is changed)
   Example: If typing, type over the lines.
   12FE4M5

   DCCC

   ADDRESS (number and street)
   □ (Check if address is changed)
   430 South Capitol Street, SE
   2nd Floor
   Washington, DC 20003-4024

   CITY
   STATE
   ZIP CODE

   COMMITTEE'S E-MAIL ADDRESS
   □ (Check if address is changed)
   compliance@dccc.org

   Optional Second E-Mail Address

   COMMITTEE'S WEB PAGE ADDRESS (URL)
   □ (Check if address is changed)
   www.dccc.org

2. DATE 09/16/2019

3. FEC IDENTIFICATION NUMBER
   ▶ C00000935

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)  □ 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
   Guinn, Lucinda, , ,

Signature of Treasurer  Guinn, Lucinda, , ,  [Electronically Filed]  Date 09/20/2019

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.
5. 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 candidate information below.)

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State DC District

Party Committee:

(d) This committee is a (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
- Membership Organization
- Trade Association
- Labor Organization
- Cooperative

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 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.)

Joint Fundraising Representative:

(g) 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. Name of Committee: [ ] FEC ID number: C
2. Name of Committee: [ ] FEC ID number: C
3. Name of Committee: [ ] FEC ID number: C
4. Name of Committee: [ ] FEC ID number: C
Write or Type Committee Name

DCCC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

HOUSE SENATE VICTORY FUND

Mailing Address

120 MARYLAND AVE NE

WASHINGTON

CITY

DC

STATE

20002

ZIP CODE

Relationship:

[ ] Connected Organization
[ ] Affiliated Committee
[ ] Joint Fundraising Representative
[ ] Leadership PAC Sponsor

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

Guinn, Lucinda, , ,

Mailing Address

430 South Capitol Street, SE

2nd Floor

Washington

CITY

DC

STATE

20003-4024

ZIP CODE

Title or Position

Treasurer

Telephone number

202 - 863 - 1500

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 of Treasurer

Guinn, Lucinda, , ,

Mailing Address

430 South Capitol Street, SE

2nd Floor

Washington

CITY

DC

STATE

20003-4024

ZIP CODE

Title or Position

Treasurer

Telephone number

202 - 863 - 1500
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.

<table>
<thead>
<tr>
<th>Bank of America, N.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>1800 K Street, NW</td>
</tr>
<tr>
<td>4th Floor</td>
</tr>
<tr>
<td>Washington DC 20006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amalgamated Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>1825 K St NW</td>
</tr>
<tr>
<td>Washington DC 20006</td>
</tr>
</tbody>
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Optional Supplemental Information
for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).

**Joint Fundraising Participant:**

1. Name of Joint Fundraising Participant: ____________________________
   FEC ID number: ____________________________

2. Name of Joint Fundraising Participant: ____________________________
   FEC ID number: ____________________________

3. Name of Joint Fundraising Participant: ____________________________
   FEC ID number: ____________________________

4. Name of Joint Fundraising Participant: ____________________________
   FEC ID number: ____________________________

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

   **NANCY PELOSI VICTORY FUND**

   Mailing Address: 430 S CAPITOL ST SE
   2ND FLOOR
   WASHINGTON, DC 20003

   Relationship: ____________
   - Connected Organization
   - Affiliated Committee
   - Joint Fundraising Representative
   - Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

   Full Name: ____________________________
   Mailing Address: ____________________________
   TITLE OR POSITION: ____________________________
   Telephone Number: ____________________________

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: ____________________________
5(g) or (h). Joint Fundraising Participant:

1. 
2. 
3. 
4. 

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

JOE KENNEDY HOUSE VICTORY FUND

Mailing Address
430 S CAPITOL ST SE
2ND FLOOR
WASHINGTON DC 20003

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number – optional)

Full Name
Mailing Address

TITLE OR POSITION

Telephone Number

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

CITY ▲ STATE ▲ ZIP CODE ▲
5(g) or (h). Joint Fundraising Participant:

1. 

2. 

3. 

4. 

FEC ID number

C

C

C

C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MUCARSEL-POWELL 2018 VICTORY FUND

Mailing Address

430 SOUTH CAPITOL ST SE

2ND FLOOR

WASHINGTON DC 20003

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

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

CITY ▲ STATE ▲ ZIP CODE ▲
Optional Supplemental Information
for Lines 5(g) or (h), 6, 8, and/or 9

5(g) or (h). Joint Fundraising Participant:

<table>
<thead>
<tr>
<th>Name of Bank, Depository, etc.</th>
<th>Mailing Address</th>
<th>Relationship</th>
</tr>
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| FEC ID number | C | C | C | C |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**RED TO BLUE VICTORY FUND**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Relationship</th>
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</thead>
<tbody>
<tr>
<td>430 SOUTH CAPITOL STREET, SE 2ND FLOOR WASHINGTON DC 20003</td>
<td>CITY ▲ STATE ▲ ZIP CODE ▲</td>
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<table>
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<tr>
<th></th>
<th>Connected Organization</th>
<th>Affiliated Committee</th>
<th>Joint Fundraising Representative</th>
<th>Leadership PAC Sponsor</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>X</td>
<td>□</td>
</tr>
</tbody>
</table>

8. Designated Agent: Identify by name, address (phone number – optional)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>TITLE OR POSITION ▼</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CITY ▲ STATE ▲ ZIP CODE ▲</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Bank, Depository, etc.</th>
<th>Mailing Address</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | CITY ▲ STATE ▲ ZIP CODE ▲ |
|-----------------|------------------------|------------------|
### Joint Fundraising Participant:

<table>
<thead>
<tr>
<th>Line</th>
<th>Name of Bank, Depository, etc.</th>
<th>Mailing Address</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SEAN PATRICK MALONEY HOUSE VICTORY FUND

- Mailing Address: 430 SOUTH CAPITOL ST SE, 2ND FLOOR, WASHINGTON, DC 20003
- Relationship: Joint Fundraising Representative

### Designated Agent:

- Full Name
- Mailing Address
- Title or Position
- Telephone Number

### Banks or Other Depositories:

- Name of Bank, Depository, etc.
- Mailing Address
5(g) or (h). **Joint Fundraising Participant:**

1. 

2. 

3. 

4. 

FEC ID number

C

C

C

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

CHERI BUSTOS HOUSE VICTORY FUND

Mailing Address

430 S CAPITOL ST SE

2ND FLOOR

WASHINGTON DC 20003

Relationship:

CITY ▲ STATE ▲ ZIP CODE ▲

[ ] Connected Organization

[ ] Affiliated Committee

[ ] Joint Fundraising Representative

[ ] Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

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

CITY ▲ STATE ▲ ZIP CODE ▲
5(g) or (h). **Joint Fundraising Participant:**

1. [ ]
2. [ ]
3. [ ]
4. [ ]

**WOLVERINE VICTORY FUND**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>PO BOX 2153</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>PURCELLVILLE</td>
</tr>
<tr>
<td>STATE</td>
<td>VA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>20134</td>
</tr>
</tbody>
</table>

**Relationship:** [ ] Connected Organization, [ ] Affiliated Committee, [ ] Joint Fundraising Representative, [ ] Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

| Full Name | |
|-----------||
| Mailing Address | |

**TITLE OR POSITION:**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

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                 | |

**CITY | STATE | ZIP CODE**
5(g) or (h). **Joint Fundraising Participant:**

1. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

   **BLUE TEXAS FUND**

   Mailing Address: 430 S CAPITOL ST SE

   2ND FLOOR

   WASHINGTON, DC 20003

   Relationship: Connected Organization

   Full Name

   Mailing Address

   TITLE OR POSITION

   Telephone Number

8. **Designated Agent:** Identify by name, address (phone number – optional)

   Full Name

   Mailing Address

   TITLE OR POSITION

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
5(g) or (h).

Joint Fundraising Participant:

1. 

2. 

3. 

4. 

FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NEW WAVE WOMEN

Mailing Address

430 S CAPITOL ST SE

2ND FLOOR

WASHINGTON DC 20003

Relationship:

[ ] Connected Organization
[ ] Affiliated Committee
[ ] Joint Fundraising Representative
[ ] Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲

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

CITY ▲ STATE ▲ ZIP CODE ▲
5(g) or (h). Joint Fundraising Participant:

1. 
2. 
3. 
4. 

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

JOHN LEWIS HOUSE VICTORY FUND

Mailing Address
430 S CAPITOL ST SE
2ND FLOOR
WASHINGTON DC 20003-4024

Relationship: Connecting Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number

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

CITY ▲ STATE ▲ ZIP CODE ▲