FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 10
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Democratic State		of Maryland	
ADDRESS (number and street)	275 West Street #70		
(Check if address is changed)			
	Annpolis		MD 21401 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	mbowman@mddems.org		
	Optional Second E-Mail Add	Iress	
COMMITTEE'S WEB PAGE AI	DDRESS (URL)		
2. DATE 05	15 [/] ^Y ^Y ^Y ^Y ^Y ^Y ^Y		
3. FEC IDENTIFICATION N	IUMBER ► C co	0141812	
4. IS THIS STATEMENT	NEW (N) OR	X 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 Treasur	er Shah, Devang, , ,		
Signature of Treasurer Sha	h, Devang, , ,		Date 05 / D D / Y Y Y Y 15 / 2024
NOTE: Submission of false, error		may subject the person signing t ION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

Image# 202405159646006319

05/15/2024 17 : 33

FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	District
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the DEM	(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 a sep committee. (i.e., nonconnected committee)	parate segregated 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 acc	ounts (Hybrid PAC).

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

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Write or Type Committee Name	

Democratic State Central Committee of Maryland

6.	Name of Any Connected Or	ganization, Affiliate	d Commi	ttee, J	oint	Fund	drai	sing	Repr	esent	ative	, or	Lea	der	ship	PAC) Sr	one	sor	
	Democratic Grassroo	ts Victory Func																		
	Mailing Address	430 South Capital S	treet SE																<u> </u>	
		Washington								DC	;		20	003			-L			
			CITY							STAT	E 🔺				ZIF	P CC	DE			
	Relationship: Connected	Organization Affi	iliated Orga	inizatio	n :	X J	oint	Fundi	raising	g Repr	esen	tativ	е		Lea	dersh	ιip Ρ	AC	Spor	ISOI

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Bowman, Meredith, , ,				
Full Name					
Mailing Address	275 West St #70				
	Annapolis		MD	21401	
		CITY 🔺	STATE	A	ZIP CODE
Title or Position ▼					
Compliance Dir			Telephone number	301	466

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	Shah, Devang, , ,
Mailing Address	275 West St #70
	Annapolis MD 21401
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number 301 - 466 - 1661

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
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.

	Bank of America		
Mailing Address	10 Church Cir # 1		
	Annapolis	MD 214	01
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, I	Depository, etc.		
	Amalgamated Bank		
Mailing Address	275 Seventh ve		
	New York		D1
	CITY 🔺	STATE A	ZIP CODE

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5(g) or (h).	Joint Fundraising	Participant:		
1.		FE	C ID number	C
2.		FE	C ID number	C
3.		FE	C ID number	C
4.		FE	C ID number	С
6. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundraising	Representative	e, or Leadership PAC Sponsor
	IC - State Party Vic			, , ,
	Mailing Address	430 S Capitol St SE		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE
		Organization Affiliated Committee X Joint Fundr	aising Representa	ative Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name			
Fu	ull Name		STATE A	<pre></pre>
Fu M. T 9. Banks	ull Name	CITY ▲ CITY ▲ Telephor Es: List all banks or other depositories in which the co	ne Number	
Fu M 9. Banks safety Name	ailing Address	CITY ▲ CITY ▲ Telephor Es: List all banks or other depositories in which the co	ne Number	
Fu M 9. Banks safety Name	ailing Address	CITY ▲ CITY ▲ Telephor Es: List all banks or other depositories in which the co	ne Number	
Fu M 9. Banks safety Name	ailing Address	CITY ▲ CITY ▲ Telephor Es: List all banks or other depositories in which the co	ne Number	
Fu M 9. Banks safety Name	ailing Address	CITY ▲ CITY ▲ Telephor Es: List all banks or other depositories in which the co	ne Number	

g) or (h).	Joint Fundraising	j rantopant.					
1.			FEC ID	number	С		
2.			J FEC ID	number	С		
3.			FEC ID	number	С		
4.			J FEC ID	number	С		
Name	e of Any Connected (Drganization, Affiliated Committee, Joint Fu	ndraising Rep	resentative	, or Leaders	hip PAC Sp	onsor
Mc	ontgomery County D	emocratic Central Committee					
	Mailing Address	3720 Farragut Ave # 303					
		Kensington		MD	20895		
	Relationship:	CITY 🔺		STATE A	2		
Desig	gnated Agent: Identify	by name, address (phone number – optional)				
-	gnated Agent: Identify	by name, address (phone number – optional)				
Fu		by name, address (phone number - optional)				
Fu	ull Name	by name, address (phone number - optional)				
Fu	ull Name	by name, address (phone number - optional					
Fu	ull Name						
Fu	ull Name						
Fu M Banks safety Name	ull Name failing Address TITLE OR POSITION s or Other Depositor / deposit boxes or mail e of Bank, sitory, etc.	CITY ▲	Telephone Nu	imber			
Fu M Banks safety Name	ull Name failing Address TITLE OR POSITION s or Other Depositor / deposit boxes or mai e of Bank,	CITY ▲	Telephone Nu	imber			rents
Fu M Banks safety Name	ull Name failing Address TITLE OR POSITION s or Other Depositor / deposit boxes or mail e of Bank, sitory, etc.	CITY ▲	Telephone Nu	imber			rents
Fu M Banks safety Name	ull Name failing Address TITLE OR POSITION s or Other Depositor / deposit boxes or mail e of Bank, sitory, etc.	CITY ▲		imber	s funds, holds		rents

5(g) or (h)	. Joint Fundraising	J Participant:						
	1.			FEC	ID number	С		
	2.			FEC	ID number	С		
	3.			FEC	ID number	С		
	4.			FEC	ID number	С		
6. Na r	me of Any Connected (Organization Affil	iated Committee Joint	Fundraising	Representative	or Leaderst	nin PAC Sponse	 >r
		-						
L								
	Mailing Address	430 SOUTH CAI	PITOL, NE					
		SUITE 300						
		WASHINGTON				20003		.
	Relationship:				STATE	Z		
	Connected	Organization	Affiliated Committee	× Joint Fundrai	sing Representa	ative Lea	dership PAC Spor	nsor
	ignated Agent: Identify Full Name	by name, address	; (phone number – optic	onal)		1 1 1 1 1		
	Mailing Address							
	TITLE OR POSITION	▼	CITY 🔺		STATE A	ZIF	P CODE	
				Telephone	Number			
safe Nan	nks or Other Depositori ety deposit boxes or mai ne of Bank,	ies: List all banks ntains funds.	or other depositories in	which the com	amittee deposit	s funds, holds	accounts, rents	
Dep	oository, etc.							
	Mailing Address							
I					STATE ▲	ZIF	· CODE ▲	

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
T. [
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
MARYLAND VICTOR	Y FUND 2020		
Mailing Address	120 MARYLAND AVE NE		
	WASHINGTON		20002
Relationship:		STATE A	ZIP CODE A
Connected	Organization	nt Fundraising Represent	ative Leadership PAC Spon
esignated Agent: Identify	by name, address (phone number - optional)		
Pesignated 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			
Full Name		I I I I I I I I I I I I I I I I I I I	

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5(g) or (h)	Joint Fundraising	Participant:			
	1.		FEC ID number	C	
	2.		FEC ID number	С	
	3.		FEC ID number	С	
	4.		FEC ID number	С	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders BIDEN VICTORY FUND					
Ľ					
L					
	Mailing Address				
				20003	
	Relationship:	CITY 🔺	STATE A	ZIP CODE	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor	
8. Des	signated Agent: Identify	by name, address (phone number - optional)			
8. Des	signated Agent: Identify	by name, address (phone number – optional)			
8. Des		by name, address (phone number – optional)			
8. Des	Full Name	by name, address (phone number – optional)			
8. Des	Full Name	by name, address (phone number – optional)			
8. Des	Full Name				
8. Des	Full Name		L I I I I I I I I I I I I I I I I I I I		
9. Ba r	Full Name		ephone Number		
9. Bar safe Nar	Full Name		ephone Number		
9. Bar safe Nar	Full Name		ephone Number		
9. Bar safe Nar	Full Name		ephone Number		
9. Bar safe Nar	Full Name		ephone Number		

5(g) or	r(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	1101 MERCANTILE LN		
		STE 100		
				20774
	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8. [Designated Agent: Identify	by name, address (phone number - optional)		
	Mailing Address			
		1		
	TITLE OR POSITION		STATE A	ZIP CODE 🔺
		1	Telephone Number	[[
9. I	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in whic intains funds.	h the committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
			STATE A	ZIP CODE