

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Charles Rangel Victory Fund	2. DATE June 14, 1996
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) c/o DCCC 430 S. Capitol Street, SE	3. FEC IDENTIFICATION NUMBER 200101030000
(c) City, State and ZIP Code Washington, DC 20003	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (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.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Joint Fundraising Committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Democratic Cong. Camp. Comm.	430 S. Capitol St, SE Washington, DC 20003	Joint Fundraising Participant
Rangel for Congress '96 Comm.	850 7th Avenue New York, NY 10019	Joint Fundraising Participant
National Leadership PAC	2100 Pennsylvania Ave, NW Washington, DC 20037	Joint Fundraising Participant

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Matthew H. Angle	430 S. Capitol Street, SE Washington, DC 20003	Treasurer

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	Mailing Address	Title or Position
Matthew H. Angle	430 S. Capitol Street, SE	Treasurer
Janica Kyriacopoulos	Washington, DC 20003	Assu. Treasurer

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 and ZIP Code
NationsBank of DC, NA	730 15th Street, NW Washington, DC 20005

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 Matthew H. Angle	SIGNATURE OF TREASURER 	DATE 6/14/96
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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.

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Federal Election Commission
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PREPARER

6-17-96
DATE PREPARED

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