**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 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 A COMMITTEE'S E-MAIL ADDRESS compliance@dccc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.dccc.org (Check if address is changed) DATE 24 2021 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. Persico, Timothy, , , Type or Print Name of Treasurer Persico, Timothy, , , [Electronically Filed] 06 2021 Signature of Treasurer Date 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. 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 02/2009)	Page <b>2</b>
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 Sought: House Senate Pres	State DC sident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
Name of Candidate	
Party Committee:	
(d) This committee is a NAT (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	i.) 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal ca	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	eds for two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
2.	

FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		
DCCC		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
HOUSE SENATE	/ICTORY FUND	
Mailing Address	120 MARYLAND AVE NE	
	WASHINGTON DC CITY STATE	20002 
Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising Representati	ve Leadership PAC Sponso
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per	rson in possession of committee
Persion Full Name	co, Timothy, , ,	
Mailing Address	430 South Capitol Street, SE	
	Washington	20003-4024
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02   863   - 1500
. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of
Full Name Persic of Treasurer	co, Timothy, , ,	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
	Washington DC CITY STATE	20003-4024
Title or Position Treasurer	20   Telephone number	2 863 1500

	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Forte-Mackay, Jacqueline, , ,	1
Mailing Address	430 South Capitol Street, SE	
-	2nd Floor	
	Washington DC 2	0003-4024
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	urer 202 Telephone number	_ 485 3401
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits fund	s, holds accounts, rents
	oxes or maintains funds.  Depository, etc.	
Name of Bank, [		
Name of Bank, [	Depository, etc.	
	Depository, etc.  Bank of America, N.A.	
Name of Bank, [	Depository, etc.  Bank of America, N.A.  1800 K Street, NW  4th Floor	0006
Name of Bank, [	Depository, etc.  Bank of America, N.A.  1800 K Street, NW  4th Floor	0006 ZIP CODE
Name of Bank, I	Depository, etc.    Bank of America, N.A.     1800 K Street, NW     4th Floor     Washington   DC   2     CITY   STATE	
Name of Bank, I	Depository, etc.    Bank of America, N.A.     1800 K Street, NW     4th Floor     Washington   DC   2     CITY   STATE	
Name of Bank, [ Mailing Address  Name of Bank, [	Depository, etc.  Bank of America, N.A.  1800 K Street, NW  4th Floor  Washington  CITY  STATE  Depository, etc.	
Name of Bank, [ Mailing Address  Name of Bank, [	Depository, etc.    Bank of America, N.A.     1800 K Street, NW     4th Floor     Washington   DC   2     CITY   STATE     Depository, etc.     Amalgamated Bank	
Name of Bank, [	Depository, etc.  Bank of America, N.A.  1800 K Street, NW  4th Floor  Washington  CITY  STATE  Depository, etc.  Amalgamated Bank  1825 K St NW	

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

Page \_\_\_\_\_ **of** \_\_\_\_\_

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund VICTORY FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	430 S CAPITOL ST SE		
	2ND FLOOR		
	WASHINGTON	DC	20003
		STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join  fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Spo
Connecto	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Connecte	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee   Join  fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee	nt Fundraising Representa	
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Depositional Part of Bank, Depository, etc.	Affiliated Committee  ** Join for by by name, address (phone number – optional)  ** CITY A  ** Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A

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

Page	6	of	10	
raue		OI.		

1		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fundr	• .	e, or Leadership PAC Spons
SEAN PATRICK	MALONEY HOUSE VICTORY FUND	) 	
Mailing Address	430 SOUTH CAPITOL ST SE		
J	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the series of the serie	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_\_ **of** \_\_\_\_\_

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	or(h). <b>Joint Fundraisi</b> n	og Portiginant		
5( <u>g</u> ) (	1.	ig Participant:	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.	Name of Any Connected WOLVERINE VIC	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 2153		
	Mailing / Idai 666			
		PURCELLVILLE	, VA	, 20134
	B 1 % 1 %			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sponsor
8.		y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	Maining / tadioco			
	maining / todal coo			
	maming / tad ooc			
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
9.	TITLE OR POSITION	Te pries: List all banks or other depositories in which	STATE A	

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

Page \_\_\_\_ **of** \_\_\_\_\_

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected JEFFRIES VICTO	I Organization, Affiliated Committee, Joint Fund ORY FUND	raising Representative	e, or Leadership PAC Spon
Mailing Address	910 17TH ST NW STE 925		
J			
	WASHINGTON	l DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE A
	311 <b>=</b>	01/112 =	
	Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint I	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	430 SOUTH CAPITOL STREET SE		
	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y by name, address (phone number - option		
Full Name		,	
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A		ZIP CODE A
Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in v	STATE A Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or other depositories in v	STATE A Telephone Number	

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

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	ndraising Representativ	re, or Leadership PAC Spon
TEAM RAJA VIC	TORY FUND		
Mailing Address	PO BOX 681202		
	SCHAUMBURG		60168
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	tative Leadership PAC Sp
	ed Organization Affiliated Committee Joint	int Fundraising Represent	tative Leadership PAC Sp
		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)	sint Fundraising Represent	
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mainly and the second seco	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A