Only

STATEMENT OF **ORGANIZATION**

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FEC FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Joe Kennedy House Victory Fund 430 S Capitol St SE ADDRESS (number and street) 2nd Floor (Check if address is changed) Washington 20003 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 forte@dccc.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00672584 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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. Guinn, Lucinda, , , Type or Print Name of Treasurer Guinn, Lucinda,,, [Electronically Filed] 09 20 2019 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

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	COMMITTEE	. 490 =
Candidat	e 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	· · ·	(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	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 separate se committee. (i.e., nonconnected committee)	gregated 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 Fun	draising Representative:	
(g) x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.		512970
2.	DCCC FEC ID number C C000	000935
3.	FEC ID number	
4.		

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Write or Type Committee		
Joe Kenned	y House Victory Fund	
•	cted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nnected Organization Affiliated Committee Joint Fundraising Representat	tive Leadership PAC Sponsor
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
Guir Full Name	nn, Lucinda, , ,	
Mailing Address	430 S Capitol St SE	
Walling Address	2nd Floor	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02 863 - 1500
	me and address (phone number optional) of the treasurer of the committee; (e.g., assistant treasurer).	and the name and address of
Full Name Guir of Treasurer	nn, Lucinda, , ,	
Mailing Address	430 S Capitol St SE	
	2nd Floor	
	Washington	20003
Title or Position Treasurer	CITY STATE 20 Telephone number	ZIP CODE 02 - 863 - 1500

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Full Name of Designated Agent	Forte-Mackay, Jackie, , ,	
Mailing Address	430 S Capitol St SE	
	2nd Floor	
	Washington DC 20003 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer Telephone number	485 - 3401
Banks or Other safety deposit bo Name of Bank, D		s accounts, rents
	BANK OF AMERICA	1
Mailing Address	BANK OF AMERICA 1800 K Street, NW	
Mailing Address		
Mailing Address	1800 K Street, NW	
Mailing Address	1800 K Street, NW 4th Floor	ZIP CODE
Mailing Address Name of Bank, D	1800 K Street, NW 4th Floor Washington CITY STATE	ZIP CODE
	1800 K Street, NW 4th Floor Washington CITY STATE	ZIP CODE
	1800 K Street, NW 4th Floor Washington CITY STATE	ZIP CODE
Name of Bank, D	1800 K Street, NW 4th Floor Washington CITY STATE	ZIP CODE
Name of Bank, D	1800 K Street, NW 4th Floor Washington CITY STATE	ZIP CODE