Image# 201710189075789412				PAGE 1/5
FEC FORM 1	STATEMEI ORGANIZ	_		
			Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Democrats for C				
ADDRESS (number and street)	1751 Potomac Greens Drive			
<ul><li>(Check if address is changed)</li></ul>				
	Alexandria └────────────────────────────────────		VA 223′ STATE ▲	14-6233 – – ZIP CODE ▲
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)	kbuchanan.inc@gmail.			
is changed)	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
2. DATE 10	18 / Y Y Y Y 12017			
3. FEC IDENTIFICATION	NUMBER ► C c	00658377		
	_	_		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasu	rer Buchanan, Katherine, M, ,			
Signature of Treasurer	chanan, Katherine, M, ,	[Electronically Filed]	Date 10	18 / Y Y Y Y 2017
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

10/18/2017 10 : 50

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	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	PE OF C	OMMITTEE	
Car	ndidate	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. (Com information below.)	plete the candidate
	ne of ididate		
	ididate ty Affiliation	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Con	imittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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 separate se committee. (i.e., nonconnected committee)	egregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FORWARD TOGETHER PAC	412791
	2.	DONNELLY FOR INDIANA	393652
	3.	HEIDI FOR SENATE	505552
	4.	MCCASKILL FOR MISSOURI FEC ID number C C004	431304

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Democrats for Opportunity Fund

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

Mailing Address												
	CITY	STATE	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.

Buc	shanan, Katherine, M, ,
Full Name	
Mailing Address	1751 Potomac Greens Dr
	Alexandria     VA     22314
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 202 423 4742

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	Buchanan, Katherine, M, ,
Mailing Address	1751 Potomac Greens Dr
	L
	Alexandria
	CITY STATE ZIP CODE
Title or Position	Telephone number 202 423 4742

Full Name of Designated Agent	Buchanan, Katherine, M, ,
Mailing Address	1751 Potomac Greens Drive
	Alexandria
	CITY STATE ZIP CODE
Title or Position	Telephone number 202 - 423 - 4742

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.

Wells	Fargo, NA		
Mailing Address	1753 Pinnacle Dr		
	3rd Fl		
	McLean		22102
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)	Optional Supplemental Inform for Lines 5(g) or (h), 6, 8 and		Page _5_ of 5
5(g) or (h). Joint Fundraising Participant:	SINIA		C C00486563
1. MONTANANS FOR TESTER			•
	• F	EC ID number	C C00412304
3.	F	EC ID number	C
4.	F	EC ID number	C
6. Name of Any Connected Organization, Af	ffiliated Committee, Joint Fundraisin	ng Representative,	or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE A
Connected Organization	Affiliated Committee Joint Fund	draising Representat	ve Leadership PAC Sponsor
B. Designated Agent: Identify by name, addre	ess (phone number – optional)		
Full Name			
Mailing Address			

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.

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TITLE OR POSITION V

CITY

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Name of Bank, Depository, etc.	<u> </u>																														
Mailing Address	L																														
	L																														
	CITY 🔺											STATE A						ZIP CODE													

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Telephone Number

STATE A

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ZIP CODE

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