FEC

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. Durbin Casten Victory Fund 918 Pennsylvania Ave SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nissen@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00709766 FEC IDENTIFICATION NUMBER > 3. 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. Nissen, Melissa, , , Type or Print Name of Treasurer Nissen, Melissa, , , [Electronically Filed] 06 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 Only

Local 202-694-1100

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TYPE OF C	COMMITTEE	<u> </u>
	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. (Compinformation below.)	lete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	, , , ,	Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising 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
Com	mittees Participating in Joint Fundraiser	
1.	FRIENDS OF DICK DURBIN COMMITTEE FEC ID number C C001	48999
2.	CASTEN FOR CONGRESS FEC ID number C C006	48493
3.	FEC ID number	
4.		

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Write or Type Committee Nam	ne	
Durbin Casten	Victory Fund	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
	CITY	ZIP CODE
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the perso	on in possession of committee
Nissen, N	Melissa, , ,	
	918 Pennsylvania Ave SE	
Mailing Address		
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	_ 544 _ 6960
. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Nissen, M	Melissa, , ,	
of Treasurer	918 Pennsylvania Ave SE	
Mailing Address		
	L Washington	20003
	Washington DC Z	20003 ZIP CODE
Title or Position Treasurer	202	544 6960

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1_1 1
	Telephone number	
	Depository, etc.	
	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
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