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FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	UKGANI	ZATION	•		
<u></u>	·		<u> </u>	Office Use Only	
1. NAME OF COMMITTEE (in full	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
John Lewis Victo	ry, Fµnd	<u> </u>	 		
ADDRESS (number and s	treet) [430 South Capito	ol Street, SE			
(Check if addre	Second Floor	<u> </u>			
is changed)	Washington		DC E	20003, - 4024	
COMMITTEE'S E-MAIL	ADDRESS	CITY A	STATE ▲	ZIP CODE ▲	
forte@dccc.org			<u> </u>		
COMMITTEE'S WEB PA	GE ADDRESS (URL)				
<u> </u>					
		<u> </u>	 		
COMMITTEE'S FAX NU	мвек [738 0 <u> </u>]				
2. DATE 11	2007				
3. FEC IDENTIFICAT	ION NUMBER >			·	
4. IS THIS STATEMEN	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.					
Type or Print Name of Treasurer Brian L. Wolff					
Signature of Treasure	Huk		Date 11	2007	
NOTE: Submission of false	erroneous, or incomplete informati	ion may subject the person signing ATION SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.	
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)	

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	FEC For	m 1 (Revised (02/2003)		-			-		Р	age 2	
5.	TYPE OF C	OMMITTEE (C	heck One)									
	(a)	This committe	e is a principal c	ampaign cor	nmittee. (Co	mplete the	e candidat	te infor	nation belo	w.)		
	(b)	This committee information be	e is an authorize elow.)	d committee	, and is NO	T a princip	oal campa	ign cor	nmittee. (C	omplete the	candida	te
	Name of Candidate	Lill		<u></u>				1 1			L	<u></u>
		٠									<u>[</u> -	
	Candidate Party Affiliation	on	Offic Sou	ght:	House		Senate		President	State Diste	F	
	(c) _	This committe	e supports/oppos	ses only one	candidate, a	and is NO	Tan auth	orized	committee.	2.0	ين ١٠٥٠	
	Name of Candidate	L	 	للللا					 	<u>.ll</u>		لــــا
	(d)	This committe	e is a	, ,	ational, State subordinate		e of the			(Democra Republica		Party.
	(e)	This committe	e is a separate s	segregated fu	ınd.							
	(n)	This committee committee.	e supports/oppos	es more tha	n one Fede	ral candida	ate, and is	s NOT	a separate	segregated	fund or	party
6.			rganization or A									
D	emocratic	Congression	nal Campai	gn Comm	ittee			11.	1-1-1			1
L		11_11						11				L L
	Mailing Addre	ess	430 South	Capitol S	treet, SE			<u> </u>				
			Second Flo	or , ,	1111		1 1 1	1 [1 1 1 1	1		!
	•		Washingto					DÇ		003,	_[402	
				CITY	′▲			STATE	A	ZIP C	ODE 🛦	
	Relationship	Joint Fu	ındraising,Pa	articipant	1. 1- 1 1		1		 		<u> </u>	
	Type of Conn	ected Organiza	tion:									
	Corp	oration		Corpor	ation w/o Ca	apital Stoc	k		Labor Org	anization		
	Mem	bership Organiz	ation	Trade A	Association				Cooperativ	re		
_	-				············							
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FE3AN042.PDF

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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 complete the complete the complete the complete the committee.	andidate
	information below.) Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President Distriction	t [
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	لنبيا
•		c, ı, etc.) Party.
	(e) This committee is a separate segregated fund.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	and of party
6.	Name of Any Connected Organization or Affiliated Committee	
Ŀ	ohn Lewis for Congress	
L		
	Mailing Address [2015 Wallace Rd,	11111
		ليبيي
	[Atlanta GA] [30331, j	ليسيا
	CITY ▲ STATE ▲ ZIP COL	DE ▲
	Relationship Joint Fundraising Participant	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
		_

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٧	Vrite or Type Committee Name					
7.	Custodian of Records: identification books and records.	tify by name, address (pl	none number op	tional) and position	n of the pe	erson in possession of committee
	Full Name Brian L.	Wolff		·	<u> </u>	11111111
	Mailing Address	430 South Capit	ol Street, SE	!	1 !	<u> </u>
		Second Floor			 	<u> </u>
		[Washington, ,			[DC]	20003 - 4024
	Title or Position▼		CITY A	:	STATE A	ZIP CODE ▲
	Treasurer			Telephone numl	per L2	02 - 863 - 1500,
3.	Treasurer: List the name and any designated agent (e.g., a		optional) of the	treasurer of the	committee;	and the name and address of
	Full Name of Treasurer Brian L	Wolff	L.: L. L. L	!	<u> </u>	
	Mailing Address	430 South Capit	ol Street, SE	- 	1.1.1.1	<u> </u>
		Second Floor	<u>! </u>	<u> </u>		<u>. l l l l l l l l</u>
		Washington .	 	ليب	DC	20003 - 4024
	Title or Position▼	(CITY A .		STATE A	ZIP CODE ▲
	Treasurer	<u> </u>	لب	Telephone num	per [20	12, - 863, - 1500 ,
	Full Name of Designated Agent Jacquel	ine Forte-Mackay	, 			
	Mailing Address	[430 South Capit	ol Street, SE		<u> </u>	
		Second, Floor	 		<u> </u>	
		Washington			DÇ J	20003 - 4024
	Title or Position▼	(CITY A		STATE A	ZIP CODE ▲
	Assistant Treasurer			Telephone numi	per 20	02,
_					 	

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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.				
	Bank of America			
Mailing Address	[730, 15th Street, NW			
	Washington, DC	20003 - 4024		
	CITY ▲ STATE ▲	ZIP CODE ▲		
Name of Bank, I	Depository, etc.			
1				
Mailing Address		<u> </u>		
		1111111		
	البا ليبيبينيا ليا ا			
	CITY ▲ · STATE ▲	ZIP CODE A		

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