**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. DAGA Individual PAC 1350 I St NW ADDRESS (number and street) Suite 300 (Check if address is changed) Washington DC 20005 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@dems.ag (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.democraticags.org (Check if address is changed) DATE 12 08 2022 C00756593 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. Rankin, Sean, , , Type or Print Name of Treasurer Rankin, Sean, , , [Electronically Filed] 12 80 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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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. TYPE OF COMMITTEE:	
Candidate 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.)	olete the candidate
Name of Candidate	
Candidate Office House Senate President	State t District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	nocratic, ublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	abor 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)	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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	/brid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
1C	
C	

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٧	Vrite or Type Committee Name		
	DAGA Individu	al PAC	
6.	<del>-</del>	rganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	DAGA PAC		
	Ada 9° a a Adda a a	1350   Street NW	
	Mailing Address	Cuita 200	
		Suite 300	
		Washington	C 20005
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Repr	resentative Leadership PAC Sponso
_			
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position of the	person in possession of committee
	Rankin, Se	an, , ,	
	Tuli Name	1350 I St NW	
	Mailing Address		
		Suite 300	
		Washington	C   20005
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼		ZII 00DE =
	Treasurer		202     470     3165
		Telephone number	
8.	Traceurer List the name on	d address (phone number optional) of the treasurer of the com	mittage and the name and address of
0.	any designated agent (e.g.,		militee, and the name and address of
	Full Name Rankin, Se	an, , ,	
	of Treasurer		
	Mailing Address	1350 I St NW	
	-	Suite 300	
		Washington , D	OC   20005   1
		Washington D	20003
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	202 470 - 3165

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Full Name of			
Designated Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		number	-
	<b>Depositories:</b> List all banks or other depositories in which the compares or maintains funds.	nmittee deposits funds	, holds accounts, rents
Name of Bank, [	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 2	0005
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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h). <b>Joint Fundraisi</b>	ig rantoipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
DAGA Federal Pa	AC 		
Mailing Address	1350 I Street NW		
Mailing Address	Suite 300		
	Washington	, DC	20005
Delete celete			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join by by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)	STATE	
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	by by name, address (phone number – optional)  CITY   T	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	by by name, address (phone number – optional)  CITY   CITY   Tories: 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 Deposited deposit boxes or market deposit boxes or market.	by by name, address (phone number – optional)  CITY   CITY   Tories: 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 Depositor	by by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	by by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	by by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	by by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A