Image# 201909239163558766			_	09/23/2019 08 . 09
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 9 🗕
			Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Red to Blue Victo				
ADDRESS (number and street)	430 South Capitol Street, SE			
(Check if address	2nd Floor			
is changed)	Washington		DC 2000	02
			STATE ▲	
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address	asmith@dccc.org			
is changed)				
	Optional Second E-Mail Ad			
COMMITTEE'S WEB PAGE AD				
is changed)				
	0 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N	UMBER ► C c	00686535		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	his Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasur	er Guinn, Lucinda, , ,			
Signature of Treasurer	nn, Lucinda, , ,	[Electronically Filed]	Date 09	23 / Y Y Y Y 2019
NOTE: Submission of false, error		may subject the person signing		penalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

09/23/2019 08 : 09

F	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	
Can	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. (Comp information below.)	lete the candidate
Name Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Part	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	pregated 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.)	
Join	t Fund	Iraising Representative:	
(g)	×	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.	SUSAN WILD FOR CONGRESS	58567
	2.	ELIZABETH PANNILL FLETCHER FOR CONGRESS FEC ID number C C006	40045
	3.		54400
	4.	DR KIM SCHRIER FOR CONGRESS	52628

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Red to Blue Victory 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 Representativ	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.

Guinn, Luc	cinda, , ,
Full Name	
Mailing Address	430 South Capitol Street, SE
	2nd Floor
	Washington         DC         20003
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

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	Guinn, Lucinda, , ,
Mailing Address	430 South Capitol Street, SE
	2nd Floor
	Washington         DC         20003         –
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     202     863     1500

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Vogel, Taryr	٦, , , 																								
Mailing Address	I	PO Box 2153																								
	l																									
		Purcellville												Ľ	Ά		2	013	34 							
				(	CITY	,								STA	ΤE					ZIF	Р С	OD	Ε			
Title or Position	urer								Tele	eph	one	e ni	umt	ber		1					1	] –			[	

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.

Amal	gamated Bank		
Mailing Address	1825 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ı, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/20	Optional Supplement17)for Lines 5(g) or (h		Page _5_ of 9
5(g) or (h). Joint Fundraising	Participant:		
	E FOR CONGRESS	FEC ID number	C C00650408
2. DCCC		FEC ID number	C C00000935
JOSH HARDER	FOR CONGRESS	FEC ID number	C C00639146
		FEC ID number	C C00634212
6. Name of Any Connected C	rganization, Affiliated Committee, Joir	nt Fundraising Representativ	re, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address																										
																							- [_			
TITLE OR POSITION	•				C	CIT Y								S	ΓAT	E				ZIP	C	DC	E 🖌	•		
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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.	<u> </u>																							
Mailing Address	L																							
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page <b>of</b>
5(g) or (h). Joint Fundraising Participant: TJ COX FOR CONGRESS 1. KATIE PORTER FOR CON 2. HARLEY ROUDA FOR CC 3. MIKE LEVIN FOR CONGR 4. MIKE LEVIN FOR CONGR	S NGRESS NGRESS NGRESS	FEC ID number FEC ID number FEC ID number FEC ID number	<ul> <li>C 00648956</li> <li>C 00636571</li> <li>C 00633982</li> <li>C 00634253</li> </ul>
6. Name of Any Connected Organization,	, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address		<u>               </u>	
Relationship:	CITY A Affiliated Committee	L L STATE ▲	ZIP CODE ▲ tive Leadership PAC Sponsor
8. <b>Designated Agent:</b> Identify by name, ad	ldress (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE
	L I I I I I I I Tel	ephone Number	

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.															1									
Mailing Address	L																							
					C	ΥT	<b>^</b>						S	TAT	Έ			7	ZIP	C	DD	Ξ 🔺	•	I

FEC Form 1S (Revised 02/2017)	Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page _7 of 9
5(g) or (h). Joint Fundraising Part	icipant:		
		FEC ID number	C C00652594
2. FINKENAUER FOR		FEC ID number	C C00637074
	CONGRESS	FEC ID number	C C00646844
4. BETSY DIRKSEN LO	ONDRIGAN FOR CONGRESS	FEC ID number	C C00649483
6. Name of Any Connected Organ	nization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address			<u> </u>
Relationship:		STATE 🔺	ZIP CODE
Connected Organ	nization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				1																							
Mailing Address	L																										
	L																										
																				L					- [_		
TITLE OR POSITION	•					C	ידוכ	<b>Y</b> A								S	TAT	Ε				ZIP	C	DC	E 🖌		
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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.																								
Mailing Address																								
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Informat for Lines 5(g) or (h), 6, 8 and/or	
5(g) or (h). Joint Fundraising Participant: LAUREN UNDERWOOD F 1. SHARICE FOR CONGRES 2. ANGIE CRAIG FOR CONG 3. XOCHITL FOR NEW MEXI 4. XOCHITL FOR NEW MEXI	FOR CONGRESS     FEC       SS     FEC       SRESS     FEC	C ID number       C C00652719         C ID number       C C00670034         C ID number       C C00575209         C ID number       C C00666149
6. Name of Any Connected Organization,	Affiliated Committee, Joint Fundraising	Representative, or Leadership PAC Sponsor
Mailing Address		
Relationship:		STATE ▲ ZIP CODE ▲
Connected Organization	Affiliated Committee Joint Fundrai	sing Representative Leadership PAC Sponsor
8. Designated Agent: Identify by name, ad	dress (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.

CITY **▲** 

ZIP CODE

Telephone Number

STATE 🔺

Name of Bank, Depository, etc.																									
Mailing Address	L																								
	L									1															
					С	ITY								ST	AT	E			Z	ZIP	СС	DDE	E 🔺	•	

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5(g) or (h).	Joint Fundraising	-		
1.			FEC ID number	C C00655613
2.			FEC ID number	C C00633859
3.			FEC ID number	C
4.			FEC ID number	С
6. <b>Name</b>	e of Any Connected C	rganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optional)		
Fu	ull Name			
М	ailing Address			
Т	TITLE OR POSITION		STATE A	

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.																								
Mailing Address	L																							
	L																							
						С	ITY	∕▲					S	TAT	Έ			2	ZIP	C	DDE	E 🔺		

Telephone Number