Only

PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Democratic State Central Committee of Maryland 275 West Street #305 ADDRESS (number and street) (Check if address is changed) Annpolis 21401 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mmurphy@mddems.org (Check if address is changed) Optional Second E-Mail Address mfbowman@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.mddems.org (Check if address is changed) DATE 2019 C00141812 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. Kresslein, Robert, , , Type or Print Name of Treasurer Kresslein, Robert, , , [Electronically Filed] 09 20 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	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
	ne of ndidate		
	ndidate ty Affiliatio	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of ndidate		
Pa	rty Con	nmittee:	
(d)	×	CTA ' '	Democratic, Republican, etc.) Party.
Pol	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	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 secommittee. (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.)	
Joii	nt Fund	raising 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Γ	_			_
	FEC Form 1 (Revised (Vrite or Type Committee Name			Page 3
		te Central Committe	on of Maryland	
6.		Organization, Affiliated Committee, Jo	-	ive. or Leadership PAC Sponsor
			то постановно до то резование	, от дошения при то орошее.
Ĺ	Pemocratic Grassroot	S VICTORY FUND		
L				
	Mailing Address	430 South Capital Street SE		
		Washington	DC	20003
		CITY	STATE	E ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee	X Joint Fundraising Repres	entative Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of th	e person in possession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o assistant treasurer).	f the treasurer of the commit	tee; and the name and address of
	Full Name Kresslein, of Treasurer	Robert, , ,		
	Mailing Address	275 West Street # 305		
		1		
		Annapolis	, , , , , MD	21401
		CITY	STATE	ZIP CODE
	Title or Position Treasurer		Telephone number	410 - 269 - 8818

FEC FOI	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. Bank of America 10 Church Cir # 1	
safety deposit t Name of Bank,	Depository, etc. Bank of America 10 Church Cir # 1	
safety deposit t Name of Bank,	Depository, etc. Bank of America 10 Church Cir # 1	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 10 Church Cir # 1 Annapolis Annapolis MD 21401	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 10 Church Cir # 1 Annapolis CITY STATE Depository, etc. Amalgamated Bank	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 10 Church Cir # 1 Annapolis CITY STATE Depository, etc. Amalgamated Bank 275 Seventh Ave	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 10 Church Cir # 1 Annapolis CITY STATE Depository, etc. Amalgamated Bank 275 Seventh Ave	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____

(h). Joint Fundraisii	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
DNC - State Par	ty Victory Fund		
Mailing Address	430 S Capitol St SE		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee Join Ty by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee y Join y by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____

h). Joint Fundraisi		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Montgomery Cou	nty Democratic Central Committee		
Mailing Address	3720 Farragut Ave # 303		
	Kensington	MD L	20895
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	by by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	430 SOUTH CAPITOL, NE		
	SUITE 300		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spo
		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify Full Name	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE A Ilephone Number the committee deposit	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail afety deposit boxes or mail afety depository, etc	y by name, address (phone number – optional) CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number	ZIP CODE A