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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Senate 180 Victory Fund 600 Pennsylvania Ave SE ADDRESS (number and street) #15845 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jcarr@mbacg.com (Check if address is changed) Optional Second E-Mail Address ifa@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00758771 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. Mele, Steven, , , Type or Print Name of Treasurer Mele, Steven,,, [Electronically Filed] 09 18 2020 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

	FEC For	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	OMMITTEE	
Car	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. (Complinformation below.)	ete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Com	nmittee:	
(d)			Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	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)	regated 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	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.	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.	or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	CAL FOR NC FEC ID number C C0070	09410
	2.	THERESA GREENFIELD FOR IOWA FEC ID number C C0070	08164
	3.	JAIME HARRISON FOR US SENATE FEC ID number C C0069	6153
	4.	MJ FOR TEXAS CO064	9350

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Write or Type Committee Na	ame	
Senate 180 V	ictory Fund	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records:	Identify by name, address (phone number optional) and position of the person	in possession of committee
books and records.	definity by name, address (phone namber optional) and position of the person	in possession of committee
	Steven, , ,	1
Full Name	600 Pennsylvania Ave SE	
Mailing Address	#15845	
	Washington DC 20	0003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 552 _ 0221
. Treasurer: List the name	and address (phone number optional) of the treasurer of the committee; and t	the name and address of
any designated agent (e.ç		
Full Name Mele, S of Treasurer	Steven, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15845 	
	Washington DC 20	003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	- 552 - 0221

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	· · · · · · · · · · · · · · · · · · ·	-9
Full Name of Designated Agent	Snyder, Lili, , ,	
Mailing Address	600 Pennsylvania Ave SE	
mailing / taal ees	#15845	
	Washington DC 2000	03
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number	
	the contract of the contract o	holds accounts ronts
Banks or Other safety deposit be Name of Bank, I	Amalgamated Bank	itolius accounts, rents
safety deposit bo	oxes or maintains funds.  Depository, etc.  Amalgamated Bank  1825 K St NW	indus accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds.  Depository, etc.  Amalgamated Bank  1825 K St NW	
safety deposit be Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW	
safety deposit be Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	06
safety deposit be Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	06 ZIP CODE
safety deposit be Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.	06 ZIP CODE
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.	06 ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.	06 ZIP CODE

FEC Form 1S (Revised 02/2017)

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

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(g) or (h).	Joint Fundraisin	g Participant:				
1.	JON OSSOFF I	FOR SENATE		FEC ID	number	C C00718866
2	2.			FEC ID	number	С
3				FEC ID	number	C
4				FEC ID	number	C
Nam	e of Any Connected	Organization, Affiliated C	Committee, Joint Fu	ndraising Repr	esentative,	or Leadership PAC Sponsor
L						
	Mailing Address					
	Relationship:		CITY A		STATE A	ZIP CODE ▲
	Connected	Organization Affiliate	d Committee	oint Fundraising	Representat	tive Leadership PAC Sponso
	gnated Agent: Identify	by name, address (phone				
F		by name, address (phone				
F	-ull Name	by name, address (phone				
F	-ull Name		e number – optional)			
F	-ull Name		e number – optional)			
F	Full Name		e number – optional)		TATE A	
Bank	Full Name	ies: List all banks or other	e number – optional)	Si Telephone Nut	TATE A	
Bank	Full Name  Mailing Address  TITLE OR POSITION  As or Other Depositor by deposit boxes or maile of Bank,	ies: List all banks or other	e number – optional)	Si Telephone Nut	TATE A	ZIP CODE A
Bank	TITLE OR POSITION  ks or Other Depositor by deposit boxes or manage of Bank, pository, etc.	ies: List all banks or other	e number – optional)	Si Telephone Nut	TATE A	ZIP CODE A
Bank	TITLE OR POSITION  ks or Other Depositor by deposit boxes or manage of Bank, pository, etc.	ies: List all banks or other	e number – optional)	Si Telephone Nut	TATE A	ZIP CODE A