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) is changed) over the lines. Green the Senate 2020 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 C00758854 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 19 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 2
		OMMITTEE	
Cai	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. (Com information below.)	plete 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.	District
	ne of didate		
Par	ty Com	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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 \			gragated fund or party
(f)	ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)	
Joir	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
	Comi	mittees Participating in Joint Fundraiser	
	1.	BOLLIER FOR KANSAS	723122
	2.	MONTANANS FOR BULLOCK FEC ID number C C007	741611
	3.	CAL FOR NC FEC ID number C C007	709410
	4.	THERESA GREENFIELD FOR IOWA FEC ID number C C007	08164

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		- g
	ate 2020 Victory Fund	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE 2	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Mele, Stev	ren, , ,	I
Full Name	1600 Pennsylvania Ave SE	
Mailing Address		
	Washington DC 20003	
	Washington	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer		552 0221
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Mele, Steve	en, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	<u> </u> #15845	
	Washington DC 20003	-
Title or Decition	CITY STATE Z	IP CODE
Title or Position Treasurer		52 0221

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Full Name of Designated Agent	Snyder, Lili, , ,	, , , , , , , , , , , , , , , , , , ,
Mailing Address	600 Pennsylvania Ave SE	
J	#15845	
	Washington DC 2000	ZIP CODE
Title or Position Assistant Treasu		
	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds. Depository, etc.	nolds accounts, rents
	Amalgamated Bank	
Mailing Address	1825 K St NW	
	Washington DC 2000	06
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address		
		1

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

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h). Joint Fundraisi JAIME HARRI	SON FOR US S	SENATE		numb = =	C C00696153
1. JON OSSOFF	FOR SENATE			number	
2. WARNOCK FO				number	
3.		TV		number	C C00736876
4. KAINSAS DEIVI	OCRATIC PAR	T	FEC ID	number	C C00019380
ame of Any Connected	Organization, Aff	iliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spon
l					.,
1					
Mailing Address					
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
	d Organization	Affiliated Committee	Joint Fundraising	nepresent	Leadership FAC Sp
esignated Agent: Identif		s (phone number – option		Hepresenta	Leadership PAC Sp
esignated Agent: Identif				Hepresenta	Leadership FAC S
esignated Agent: Identif				nepresenta	Leadership FAC S
esignated Agent: Identif				nepresenta	Leadership FAC S
esignated Agent: Identif				hepresenta	Leadership FAC S
esignated Agent: Identif	y by name, addres		nal)	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address	y by name, addres	s (phone number – option	nal)	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, addres	s (phone number – option	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, addres	s (phone number – option	Telephone No	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or market deposit boxes or market deposit boxes.	y by name, addres	s (phone number – option	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, addres	s (phone number – option	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, addres	s (phone number – option	Telephone No	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.	y by name, addres	s (phone number – option	Telephone No	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.	y by name, addres	s (phone number – option	Telephone No	STATE A	ZIP CODE A

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

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(h). Joint Fundraisin	MOCRATIC PARTY		0 000040000
1.	NA DEMOCRATIC PARTY - FEDERAL	FEC ID number	C C00010033
2.		FEC ID number	C C00165688
3.	PARTY OF SOUTH CAROLINA	FEC ID number	C C00007658
4. IOWA DEMOCE	RATIC PARTY	FEC ID number	C C00035600
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address			
Ü			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
riolationionip.		SIAIL	ZIF CODE A
		int Fundraising Represent	ative Leadership PAC Spo
	d Organization Affiliated Committee Joi	int Fundraising Representa	Leadership PAC Spo
Designated Agent: Identify	d Organization Affiliated Committee Joi	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identify	d Organization Affiliated Committee Joi	int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify	d Organization Affiliated Committee Joi	int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify	Affiliated Committee Joi	int Fundraising Representation	
Pesignated Agent: Identify Full Name Mailing Address	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY		
Pesignated Agent: Identify Full Name Mailing Address	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY	STATE A	
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors of the deposite boxes or maintains.	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mails and the state of Bank,	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mail	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mail	Affiliated Committee Joi Joi y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6,

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TITLE OR POSITION	ories: List all b	CITY A panks or other depositorie	Telephone s in which the com		ZIP CODE A ss funds, holds accounts, rents
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	pries: List all b	panks or other depositorie	*	Number	
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	pries: List all b	panks or other depositorie	*	Number	
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	pries: List all b	panks or other depositorie	*	Number	
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m	pries: List all b	panks or other depositorie	*	Number	
	1 ▼	CITY A	Telephone		ZIP CODE A
	 	CITY A			ZIP CODE 🛦
3					
3					
3					
Mailing Address					
Full Name					
Designated Agent: Identif	fy by name, ac	ddress (phone number – d	optional)		
Connecte	ed Organization	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Spor
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
					1 , , , , 1-1
Mailing Address					
	1				
Name of Any Connected	Organization	, Affiliated Committee, J	oint Fundraising R	epresentativ	e, or Leadership PAC Sponso
4					
				ID number	C
				ID number ID number	C
2			FF(.	ID	
1		ECTIONS COMMITTE	FEC	ID number	C C00041269