**FEC** 

Only

# STATEMENT OF

PAGE 1 / 14

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DCCC 430 South Capitol Street, SE ADDRESS (number and street) 2nd Floor (Check if address is changed) Washington DC 20003-4024 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@dccc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.dccc.org (Check if address is changed) DATE 05 2023 C00000935 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Merz, Julie, , , Type or Print Name of Treasurer Merz, Julie, , , [Electronically Filed] 04 05 2023 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

FE	C Form	1 (Revised 03/2022)	Page 2
	TYPE C	OF COMMITTEE:	
	Candio	date 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. (Complete th information below.)	e candidate
	Name Candi	1	
	Candi Party	date Office Affiliation Sought: House Senate President	State DC District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		ne of didate	
	Party (	Committee:	
	(d) <b>x</b>	This committee is a NAT (National, State or subordinate) committee of the DEM Republican,	•
	Politica	al Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Labor O	rganization
		Membership Organization Trade Association Coopera	tive
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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 (Hybrid PA	AC).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	Fundraising Representative:	
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two ocmmittees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	C	
		C	

		(Revised 02/2009)	Page 3
V	rite or Type Comm	nittee Name	
	DCCC		
6.	=	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader NATE VICTORY FUND	ship PAC Sponsor
	Mailing Address	120 MARYLAND AVE NE	
		WASHINGTON DC 20002	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in possess	sion of committee
		Merz, Julie, , ,	
	Full Name		
	Mailing Address	430 South Capitol Street, SE	
		2nd Floor	
		Washington DC   20003-	4024 <sub>   </sub>
	Till and Decilian	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		4500
	Treasurer	Telephone number	863   -   1500
3.		ne name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).	ame and address of
	Full Name	Merz, Julie, , ,	
	of Treasurer		
	Mailing Address	430 South Capitol Street, SE	
		2nd Floor	
		Washington DC 20003-	4024
	Title on Decition	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	863   -   1500

FEC Form 1	(Revised 02/2009)	Page <b>4</b>	
Full Name of Designated Agent	Forte-Mackay, Jacqueline, , ,		
Mailing Address	430 South Capitol Street, SE		
	2nd Floor		
	Washington	DC 20003-4024 -	
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲	
Assistant Treasu	rer	ephone number 202 - 485 - 340	01
	<b>Depositories:</b> List all banks or other depositories in which the xes or maintains funds.	ne committee deposits funds, holds accounts, rents	•
Name of Bank, D	Depository, etc.		
	Bank of America, N.A.		
Mailing Address	1800 K Street, NW		
	4th Floor		
	Washington	DC 20006	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, D	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006 -	
	CITY A	STATE ▲ ZIP CODE ▲	

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:						
	1	_		FEC ID	number	C		
	2.			FEC ID	number	С		
	3.			FEC ID	number	С		
	4.			FEC ID	number	С		
6.	Name of Any Connected		ommittee, Joint Fun	draising Repr	esentative	e, or Leadersl	nip PAC Spo	onsor
	NANCY PELOSI V	/ICTORY FUND						
	Mailing Address	430 S CAPITOL ST SE						
	Mailing Address	2ND FLOOR						
		WASHINGTON			, DC ,	20003		
	Relationship:		SITY A		STATE A		IP CODE A	
								0
	Connected	Organization Affiliated	Committee	nt Fundraising	Representa	Itive Lea	dership PAC	Sponsor
8.	Designated Agent: Identify	by name, address (phone	number - optional)					
	Full Name				1 1 1		1 1 1 1	
	Mailing Address							
	•							
				1	1 . 1	1	.  _	[
		CIT		S.	TATE A	ZIF	CODE A	
	TITLE OR POSITION	<b>Y</b>	1			1–1 .	.  _  .	
				Telephone Nui	mber			
_	Davids on Other Davids	de en 18an all la alla accomba		L. 11		. (		
9.	Banks or Other Depositor safety deposit boxes or ma	nes: List all banks or other intains funds.	depositories in which	n the committe	ee deposits	s tunas, noias	accounts, re	ents
	Name of Bank, Citibar	k						1
	Depository, etc.	500 W Madison St						
	Mailing Address							
		Chicago			L IL	60661		
ı		CIT	Y 🛦	S	TATE 🔺	ZIF	CODE A	ı

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

5(g) o	or(h). <b>Joint Fundraisi</b>	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected WOLVERINE VIC	I Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 2153		
		PURCELLVILLE	VA VA	20134
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
8.		fy by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	U ▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
	Banks or Other Deposito safety deposit boxes or m	ories: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			

FEC Form 1S (Revised 02/2017)

5(g) o	or(h). <b>Joint Fundraisin</b> g	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	JEFFRIES VICTO	RY FUND		
	Mailing Address	910 17TH ST NW STE 925		
		WASHINGTON	DC	20006
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY		
8.	Full Name	CITY	STATE A	
9.	Full Name	CITY A  Tele  ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY A  Tele  ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank,	CITY A  Tele  ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Depository, etc.	CITY A  Tele  ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Depository, etc.	CITY A  Tele  ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a) c	or(h). <b>Joint Fundraisin</b>	g Participant:	
0(9)	1.	<u> </u>	FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number C
6.	=	Organization, Affiliated Committee, Joint Fundraid S HOUSE VICTORY FUND	sing Representative, or Leadership PAC Sponsor
	Mailing Address	430 SOUTH CAPITOL STREET SE	
		2ND FLOOR	
		WASHINGTON	DC   20003
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	phone Number
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which th intains funds.	e committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		
		CITY ▲	STATE ▲ ZIP CODE ▲

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

		Participant:												
1						FE	C ID nur	nber	С					
2						FE	C ID nur	nber	С					
3.						FE	C ID nur	nber	С		Ξ			Ξ
4						FE	C ID nur	nber	С					Ξ
Name of	Any Connected C	organization, Affil	liated Comn	nittee, Jo	oint Fun	draising	Represe	ntative	, or Le	eader	ship I	PAC S	Spon	sor
TEAN	/ RAJA VICT	ORY FUND												
Mai	ling Address	PO BOX 681202	<u>.</u>											
		SCHAUMBURG	1 1 1 1	1 1 1	1 1	1 1 1		IL	6	0168	1 1	_		1 1
Rela	ationship:		CITY	<b>A</b>			 STA	TE 🛦			ZIP (	CODE	<u> </u>	
Designate		Organization by name, address	Affiliated Co		_	int Fundra	aising Rep	eresenta	itive	L. Le	eaders	nip P	AC 5	pon
Full N	ed Agent: Identify				_	int Fundra	aising Rep	presenta	itive	Le	eaders	nip Pi	AC 5	pons
Full N	ed Agent: Identify				_	int Fundra	aising Rep	presenta	utive	Le	eaders	nip P	1	pons
Full N	ed Agent: Identify				_	int Fundra	aising Rep	presenta	itive	Le	eaders		1	pons
Full N	ed Agent: Identify		s (phone nur	mber – o	_	int Fundra			itive					pons
Full N Mailin	ed Agent: Identify	by name, address		mber – o	_	int Fundra	aising Rep		itive		l l			pons

FEC Form 1S (Revised 02/2017)

5(a)	or(h). <b>Joint Fundraisin</b>	n Particinant		
O(9)	1		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		T EO ID Hambor	<u> </u>
6.		Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	DEIWOOK (11011	The dock of the first of the fi		
	Mailing Address	430 SOUTH CAPITOL STREET, SE		
		WASHINGTON	DC	20003
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8. 9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY A  Tel  Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY A  Tel  Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	CITY A  Tel  Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name	CITY A  Tel  Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name	CITY A  Tel  Ties: List all banks or other depositories in which ti	ephone Number	

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

FEC ID number  C  3.	h). <b>Joint Fundraisi</b> n	ng Participant:		
3.	1.		FEC ID number	С
A. FEC ID number C  ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC DELBENE DEMOCRATIC MAJORITY FUND  Mailing Address  430 S CAPITOL ST SE  2ND FL  WASHINGTON  Relationship:  CITY ▲ STATE ▲ ZIP COD  Connected Organization Affiliated Committee ▼ Joint Fundraising Representative Leadership I  seignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE  Telephone Number — Telephone Number — optional State A STATE	2		FEC ID number	С
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC  DELBENE DEMOCRATIC MAJORITY FUND  Mailing Address  430 S CAPITOL ST SE  2ND FL  WASHINGTON  CITY A  STATE A  ZIP CODE  Relationship:  CITY A  STATE A  ZIP CODE  Telephone Number  Title OR POSITION   CITY A  STATE A  ZIP CODE  Telephone Number	3.		FEC ID number	С
DELBENE DEMOCRATIC MAJORITY FUND  Mailing Address  430 S CAPITOL ST SE  2ND FL  WASHINGTON  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership for the position of the property of th	4.		FEC ID number	C
Mailing Address  430 S CAPITOL ST SE  2ND FL  WASHINGTON  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership F  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE  Telephone Number  Title Or Popositories: List all banks or other depositories in which the committee deposits funds, holds account affety deposit boxes or maintains funds.  ame of Bank, epository, etc.	ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spor
Relationship:  CITY ▲  STATE ▲  ZIP COD  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership for the properties of the properties of the committee of the properties of th	DELBENE DEMC	OCRATIC MAJORITY FUND		
Relationship:  CITY ▲  STATE ▲  ZIP COD  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership for the properties of the properties of the committee of the properties of th				
Relationship:  CITY ▲  STATE ▲  ZIP COD  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership Resignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE  Telephone Number	Mailing Address	430 S CAPITOL ST SE		
Relationship:  CITY A  STATE A  ZIP COD  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership Resignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY A  STATE A  ZIP CODE  Telephone Number		2ND FL		
Connected Organization		WASHINGTON	DC	20003
Pesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE  Telephone Number	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE  Telephone Number	Connecte	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC S
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE  Telephone Number				
TITLE OR POSITION   CITY   Telephone Number	Mailing Address			
TITLE OR POSITION   CITY   Telephone Number				
TITLE OR POSITION   Telephone Number				
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account dety deposit boxes or maintains funds.  The property depository, etc.	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
ame of Bank, epository, etc.			Telephone Number	
epository, etc.				
Mailing Address			ch the committee deposit	ts funds, holds accounts, ren
	afety deposit boxes or maxime of Bank,		ch the committee deposit	ts funds, holds accounts, ren
1	arme of Bank, epository, etc.		ch the committee deposit	ts funds, holds accounts, ren
	arme of Bank, epository, etc.		ch the committee deposit	ts funds, holds accounts, ren

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

	1		I I-I
Mailing Address			
Name of Bank, Depository, etc.			
Banks or Other Deposito afety deposit boxes or ma	ories: List all banks or other depositories in which taintains funds.	ne committee deposits	s runds, noids accounts, rents
Danka au Othau Barra tr	inter List all hands on other demonstrates to the U.S.	ika aansittaa ili	fundo halda assa sta u
	Tel	lephone Number	
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address			
Full Name			
Designated Agent: Identif	y by name, address (phone number - optional)		
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	WASHINGTON	DC	20003
-			
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponso
4.		TEO ID HUITIDE!	O
3.		FEC ID number	C
2.		FEC ID number	C
		EEO ID	

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

h). <b>Joint Fundraisir</b>	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	E MAJORITY FUND		
Mailing Address	499 S CAPITOL ST SW		
Ü	SUITE 420		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee  y by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	Affiliated Committee  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 Depositor afety deposit boxes or material depository, etc	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	Affiliated Committee  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 Depositor dety deposit boxes or material depository, etc	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

h). <b>Joint Fundraisi</b>	ing i di tioipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
SARA JACOBS I	HOUSE VICTORY FUND		
Mailing Address	122 C STREET NW		
	SUITE 360		
	WASHINGTON	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identing Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identing Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or marked and the state of the s	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii  Full Name	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or management and ame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A