Image# 202208039525113951			PAGE 1 / 5	
FEC FORM 1	STATEMEN ORGANIZ		Office Use Only	
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
	tory 2022			
1				
	120 Maryland Ave NE			.
ADDRESS (number and street)				
is changed)	Washington		DC 20002	
			STATE A ZIP CODE A	
	-			
COMMITTEE'S E-MAIL ADDRE	.ss _compliance@dscc.org			
is changed)				
	Optional Second E-Mail Add	lress		. 1
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 08 / 0	^D / Y Y Y Y 3 2022			
3. FEC IDENTIFICATION N	UMBER ► C co	00822189		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	r Clary, Evan, , , 			
Signature of Treasurer	e, Evan, , ,	[Electronically Filed]	Date 08 / 03 / 2022	Y
NOTE: Submission of false, erron		may subject the person signing FION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. § WITHIN 10 DAYS.	§3010
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		

08/03/2022 16 : 47

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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 the information below.)	candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, or subordinate) committee of the	etc.) Party
Political 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 Or	ganization
Membership Organization Trade Association Cooperation	ive
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 PAC	C).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 (j) Committees/organizations, none of which is an authorized committee of a federal candidate.
 (j) Committees Participating in Joint Fundraiser

1.		C C00042366
2.	MANDELA BARNES FOR WISCONSIN	C C00784959

Г	-																																	
-	FEC Form 1 (Revised	02/20	09)																										Pa	age	ə 3		_	
۷	Vrite or Type Committee Name	е																																1
	DSCC PA WI	Vic	tor	y	20)2	22																											
6.	Name of Any Connected C	Organ	izatio	on,	Aff	iliat	ed	Сс	om	mit	tee	e, J	oir	nt F	un	dra	isi	ng	Rep	ore	ser	ntat	ive	e, o	r L	eac	lers	ship	PA	c s	Зро	nsc	or	•
	Mailing Address																																	
																														-				
								(СІТ	Υ										:	STA	ΑΤΕ						ZIF	P CC	DC	E 🔺			
	Relationship: Connected	d Orga	inizati	on	E	A	ffilia	ted	0	rga	niza	atio	n	E	J	Join	t Fu	Indr	aisi	ng	Rej	ores	sen	tativ	ve	I		Lea	dersl	hip	PAC	c s	ponso)r

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Cl	ry, Evan, , ,
Full Name	
Mailing Address	120 Maryland Ave NE
	Washington DC 20002
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 202 224 2447

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	Clary, Evan, , ,
of Treasurer	
Mailing Address	120 Maryland Ave NE
	Washington DC 20002
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number 202 224 2447

FEC Form 1	(Revised 02/2009) Page 4	-
Full Name of Designated Agent	Pedraja, Elizabeth, , ,	
Mailing Address	120 Maryland Ave NE	
	Washington DC 20002	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Designated Agen	t Telephone 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.

	Amalgamated Bank		
Mailing Address	275 7th Avenue		
	16th Floor		
	New York City	NY	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE

Imag	e# 202208039525113955						
F	EC Form 1S (Revised 02/2		tional Supplemo r Lines 5(g) or (Page	⁵ of ⁵
5(g) o	r(h). Joint Fundraising FETTERMAN F					C C0076580	0
	1.				FEC ID number	-	
	2.				FEC ID number	С	
	3.				FEC ID number	С	
	4.				FEC ID number	С	
6.	Name of Any Connected	Organization, Affilia	ted Committee, Jo	int Fundrai	sing Representative	e, or Leadershi	p PAC Sponsor
	Mailing Address						
	Relationship:		CITY A		STATE 🔺	ZII	P CODE
	Connected	Organization A	ffiliated Committee	Joint F	undraising Representa	ative Lead	ership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – op	tional)			
	Full Name						
	Mailing Address						
	TITLE OR POSITION	▼	CITY A		STATE A	ZIP	CODE 🔺
				Tele	phone 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.																								
Mailing Address	L																							
	L																							
	L																							
					С	ITY	∕▲					S	TAT	Έ			2	ZIP	C	ODE	Ξ 🔺	•		