Only

STATEMENT OF

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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. Democratic Frontline 1629 K Street NW ADDRESS (number and street) Suite 300 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS democraticfrontline@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2018 C00686352 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. Cunningham, Terri, , , Type or Print Name of Treasurer Cunningham, Terri, , , [Electronically Filed] 80 2018 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2	
TYPE	OF C	OMMITTEE	1 4go 2	
Cano	didate	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. (Complete the candidate information below.)		
Name Candi				
Candid Party	date Affiliati	Office Sought: House Senate President	State	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candid				
Party	y Con	nmittee:		
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.	
Politi	ical 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)	x	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.)		
Joint	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.			

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Write or Type Committee N		- 3
Democratic F	rontline	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
J		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Cunnir Full Name	ngham, Terri, , ,	
	1629 K Street NW	
Mailing Address	Suite 300	
	Washington DC 20	0006
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 517 _ 8708
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and t g., assistant treasurer).	the name and address of
Full Name Cunning of Treasurer	ngham, Terri, , ,	
Mailing Address	1629 K Street NW	
	Suite 300	
	Washington DC 20	0006
Title or Position	CITY STATE	ZIP CODE
Treasurer		- 517 - 8708

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	II I (NEVISEU UZ/ZUUS)	raye 4
Full Name of Designated Agent		
Mailing Address		
•		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit be Name of Bank, Mailing Address	Amalgamated Bank	
Maining Madress		
	1	
	Washington DC i	20006
	Washington DC CITY STATE	20006 ZIP CODE
Name of Bank,	CITY STATE	
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, Mailing Address	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: