Only

STATEMENT OF

PAGE 1 / 13 =

FEC FORM 1			GANIZ/						0	ffice Us	se Only	,		
1. NAME OF COMMITTEE (ir	n full)		ck if name anged)	Example over the	:If typing, ty	/ре	12F	'E4M						
DCCC	1 1 1													
ADDRESS (number a	nd street)	430 South Ca	pitol Street, SE		1 1 1 1		1 1	1 1	1 1	ı	l I	1 1	1 1	
(Check if a	address	2nd Floor												
is changed	d)	Washington					DC		, 200	003-40	24			
		CITY					STAT	_ F A				COE)F A	
		OHT					JIAI	_			211	001	<i></i>	
COMMITTEE'S E-MA	AIL ADDRE													
(Check if a is changed		compliance	e@dccc.org											
•	,	Optional Sec	ond E-Mail Add	dress										
	address d)	www.dccc.org	J											
2. DATE 0		0 / Y Y 202												
3. FEC IDENTIFIC	CATION N	UMBER ▶	C co	00000935										
4. IS THIS STATEM	MENT	NEW (N)	OR	x	AMENDED	(A)								
I certify that I have e	examined t	his Statement a	nd to the best	of my know	ledge and b	pelief it i	s true,	corre	ct and	l com	plete.			
Type or Print Name	of Treasure	Guinn, Lucin	da, , ,											
Signature of Treasure	er <i>Guin</i>	n, Lucinda, , ,		[Elec	ctronically Fil	led]	Date	M (M 09	3	0	Y	2020	
NOTE: Submission of	false, erron	eous, or incompl								penal	ties of	2 U.	S.C. §	§437g.
Office Use				Fede	further inforneral Election C Free 800-424-	ommission					C FC			

Toll Free 800-424-9530

Local 202-694-1100

	Form 1 (Revised 02/2009)	Page 2
	DE COMMITTEE 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. (Comp information below.)	lete the candidate
Name of Candidat		
Candidat Party Aff	*****	State DC District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	Committee:	
(d)	NAT ' ' DEM '	Democratic, depublican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	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.)	
Joint F	undraising 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.	or more political
С	Committees Participating in Joint Fundraiser	
1	. J	
2	2. FEC ID number C	
3	8.	
4	.	

FEC Form 1 (Davides	rd 03/3000)	Dogo 2
FEC Form 1 (Revise Write or Type Committee Na		Page 3
DCCC	ine	
•	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
HOUSE SENATE VI	CTORY FUND	
Mailing Address	120 MARYLAND AVE NE	
	WASHINGTON DC 200	02
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person in	n possession of committee
	Lucinda, , ,	
Full Name	,430 South Capitol Street, SE	
Mailing Address		
	2nd Floor	
	Washington DC 200	003-4024
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	- 863 - 1500
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and th ., assistant treasurer).	e name and address of
Full Name Guinn, L	_ucinda, , ,	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
		03-4024 - -
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- [863

9.

FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Forte-Mackay, Jacqueline, , ,	
Mailing Address	430 South Capitol Street, SE	
	2nd Floor	
	Washington	-
	CITY STATE ZIP (CODE
Title or Position Assistant Treas	turer	3401
Banks or Other safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, holds accoxes or maintains funds.	ounts, rents
Name of Bank,	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,	Depository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K St NW	
	Washington DC 20006	
	CITY STATE ZIP	CODE

FEC Form 1S (Revised 02/2017)

Page _5 **of** _13__

i(g) or ((h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
_	4.		FEC ID number	С
5. N	NANCY PELOSI	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	430 S CAPITOL ST SE		
		2ND FLOOR		
		WASHINGTON	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
_				
	resignated Agent: Identify	by name, address (phone number – optional)		
. D		by name, address (phone number – optional)		
— . D	Full Name	by name, address (phone number – optional)		
. D	Full Name	by name, address (phone number – optional)		
— 3. D	Full Name	CITY A	STATE A	ZIP CODE A
. D	Full Name	CITY A		
 . B i sa	Full Name Mailing Address TITLE OR POSITION Fanks or Other Depositor afety deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	STATE STATE lephone Number	ZIP CODE 🛦
. B ass	Full Name Mailing Address TITLE OR POSITION Lianks or Other Depositor afety deposit boxes or mail arme of Bank, depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE STATE lephone Number	ZIP CODE 🛦
. B ass	Full Name Mailing Address TITLE OR POSITION Fanks or Other Depositor afety deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	STATE STATE lephone Number	ZIP CODE 🛦
. B ass	Full Name Mailing Address TITLE OR POSITION Lianks or Other Depositor afety deposit boxes or mail arme of Bank, depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE STATE lephone Number	ZIP CODE 🛦
. B ass	Full Name Mailing Address TITLE OR POSITION Lianks or Other Depositor afety deposit boxes or mail arme of Bank, depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE STATE lephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

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

	5(g) or (h).	Joint Fundraising	Participant:		
3.	1.			FEC ID number	С
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponse RED TO BLUE VICTORY FUND Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Representative Leadership PAC Sponse Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	2			FEC ID number	С
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponse RED TO BLUE VICTORY FUND Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse 8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	3. L			FEC ID number	С
RED TO BLUE VICTORY FUND Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR WASHINGTON Relationship: Connected Organization Affiliated Committee ✓ Joint Fundraising Representative Leadership PAC Spc 8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	4			FEC ID number	С
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spo				sing Representativ	e, or Leadership PAC Sponsor
Pelationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spo					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc 8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲	M	ailing Address	430 SOUTH CAPITOL STREET, SE		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc 8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼		Ü	2ND FLOOR		
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Leadership PAC Spotential Affiliated Agent: Identify by name, address (phone number – optional) Full Name			WASHINGTON	DC	20003
8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲	Re	elationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲		Connected	Organization Affiliated Committee	undraising Represent	ative Leadership PAC Sponsor
Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲					
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	8. Design a				
TITLE OR POSITION ▼	_	ited Agent: Identify I			
TITLE OR POSITION ▼	Full	ted Agent: Identify I			
TITLE OR POSITION ▼	Full	ted Agent: Identify I			
	Full	ted Agent: Identify I			
	Full Mail	Name LIDENTIFY I	oy name, address (phone number – optional)	STATE A	ZIP CODE A
 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. 	Full Mail	Name LIDENTIFY I	oy name, address (phone number – optional) CITY		ZIP CODE A
Mailing Address	Full Mail TIT 9. Banks of safety d Name o	Name	oy name, address (phone number – optional) CITY Tele	phone Number	
	Full Mail TIT 9. Banks of safety d Name of Depositor	Name	oy name, address (phone number – optional) CITY Tele	phone Number	
	Full Mail TIT 9. Banks of safety d Name of Depositor	Name	oy name, address (phone number – optional) CITY Tele	phone Number	
<u> </u>	Full Mail TIT 9. Banks of safety d Name of Depositor	Name	oy name, address (phone number – optional) CITY Tele	phone Number	

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin ç	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	
	4.		FEC ID number	[C]
6.		Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Sponsor
	Mailing Address	430 SOUTH CAPITOL ST SE		
		2ND FLOOR		
		WASHINGTON	DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	nt Fundraising Representa	ative 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 ▲
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Dopository, etc.			
		T		I
	Mailing Address			
	Mailing Address			
	Mailing Address			

FEC Form 1S (Revised 02/2017)

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

n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	ve, or Leadership PAC Spor
CHERI BUSTOS	HOUSE VICTORY FUND		
Mailing Address	430 S CAPITOL ST SE		
	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
	Affiliated Committee Ty by name, address (phone number – option	Joint Fundraising Represen	tative Leadership PAC S
		Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif		Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif		Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif		Joint Fundraising Representation	tative Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – option	Joint Fundraising Representation	
esignated Agent: Identif	by by name, address (phone number – option	Joint Fundraising Representation	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – option of the control of the c	Joint Fundraising Representation (1) STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – option of the control of the c	Joint Fundraising Representation (1) STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – option of the control of the c	Joint Fundraising Representation (1) STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – option of the control of the c	Joint Fundraising Representation (1) STATE Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising					
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	C
		ommittee, Joint F	undraising R	epresentativ	e, or Leadership PAC Spo
WOLVERINE VIC	ORY FUND				
Mailing Address	PO BOX 2153				
	PURCELLVILLE			_ VA _ ⊥	20134
Relationship:	(CITY A		STATE ▲	ZIP CODE A
Connected	Organization Affiliate	d Committee	Joint Fundrais	ing Represent	ative Leadership PAC
Connected esignated Agent: Identify Full Name				ing Represent	ative Leadership PAC
esignated Agent: Identify				ing Represent	ative Leadership PAC
esignated Agent: Identify Full Name				ing Represent	ative Leadership PAC
esignated Agent: Identify Full Name	by name, address (phone	e number – optiona	al)	ing Represent	
esignated Agent: Identify Full Name Mailing Address	by name, address (phone	e number – optiona	al)	STATE	ative Leadership PAC
esignated Agent: Identify Full Name	by name, address (phone	e number — optiona	al)	STATE A	
Full Name Mailing Address	by name, address (phone continue) CI es: List all banks or othe	e number – optiona	Telephone	STATE A Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone continue) CI es: List all banks or othe	e number – optiona	Telephone	STATE A Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone continue) CI es: List all banks or othe	e number – optiona	Telephone	STATE A Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

r(h). Joint Fundraisir	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	_	mittee, Joint Fundra	ising Representativ	ve, or Leadership PAC Sponso
BLUE TEXAS FU	ND 			
Mailing Address	430 S CAPITOL ST SE			
	2ND FLOOR			
	WASHINGTON		DC	20003
Relationship:	CIT	Y A	STATE A	ZIP CODE ▲
	d Organization Affiliated C		Fundraising Represen	tative Leadership PAC Spor
			Fundraising Represen	Leadership PAC Spor
Designated Agent: Identif	d Organization Affiliated C		Fundraising Represen	Leadership PAC Spor
Designated Agent: Identif	d Organization Affiliated C	umber – optional)		
Designated Agent: Identif	d Organization Affiliated C	umber – optional)		
Designated Agent: Identif Full Name Mailing Address	d Organization Affiliated C	umber – optional)		
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	d Organization Affiliated Control of the property of the prope	umber – optional)	STATE A ephone Number	
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	d Organization Affiliated Control of the property of the prope	umber – optional)	STATE A ephone Number	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	d Organization Affiliated Control of the property of the prope	umber – optional)	STATE A ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising					
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	С
	_	ted Committee, Joi	nt Fundrais	ing Representativ	e, or Leadership PAC Spor
NEW WAVE WOM	EN 				
Mailing Address	430 S CAPITOL ST	SE			
	2ND FLOOR				
	WASHINGTON			DC	20003
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Organization Af	ffiliated Committee	X Joint Fu	ndraising Represent	ative Leadership PAC S
				ndraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify				ndraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name				ndraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (p	phone number – op	tional)		
Connected esignated Agent: Identify Full Name	by name, address (p		tional)		Leadership PAC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (p	phone number – op	tional)		
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (p	ohone number – op	tional)	STATE A	
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositorifety deposit boxes or mair	by name, address (p	ohone number – op	tional)	STATE A	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring fety deposit boxes or main arme of Bank, epository, etc.	by name, address (p	ohone number – op	tional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

2		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connec	ted Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
HOLD THE HC	OUSE VICTORY FUND		1 1 1 1 1 1 1 1 1
Mailing Address	430 SOUTH CAPITOL STREET SE		
	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
	1		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITI	ON ▼	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Mucarsel-Powell \	Organization, Affiliated Committee, Joint Fundr 'ictory Fund	aising Representative	e, or Leadership PAC Spon
Mailing Address	430 SOUTH CAPITOL ST SE		
-	2ND FLOOR		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which	STATE A	ZIP CODE A