PAGE 1/5

STATEMENT OF **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. Feinstein for Senate 2024 918 Pennsylvania Ave SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zamore@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2019 C00539890 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 05 2019 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 Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information)	h alaw.)
(a) This committee is a principal campaign committee. (Complete the candidate information I	Delow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.) Name of Feinstein, Dianne, , ,	. (Complete the candidate
Candidate	
Candidate Party Affiliation Office Sought: House Months Senate President	
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	Districttee.
Name of Candidate	
Party Committee:	
((National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected 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 separation committee. (i.e., nonconnected committee)	rate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal cand	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		. age c
Feinstein for Se		
	Organization, Affiliated Committee, Joint Fundraising Representative, or	L eadership PAC Sponsor
- -	organization, runnated committee, some runariasing representative, or	Leader Ship 1 770 Sportson
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the pers	on in possession of committee
Bliss, Rel	becca, , ,	1
Full Name	918 Pennsylvania Ave SE	
Mailing Address		
	Washington	,20003
	Washington	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		2 - 544 - 6960
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
Full Name Zamore,	Judith, , ,	1
of Treasurer	918 Pennsylvania Ave SE	
Mailing Address		
		20003
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other De safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	citibank 600 Pennsylvania Ave SE	ZIP CODE
safety deposit boxes Name of Bank, Depo	Citibank 600 Pennsylvania Ave SE Washington CITY STATE	ZIP CODE
safety deposit boxes Name of Bank, Depo	Citibank 600 Pennsylvania Ave SE Washington CITY STATE	ZIP CODE
safety deposit boxes Name of Bank, Depo	Citibank 600 Pennsylvania Ave SE Washington CITY STATE ository, etc.	ZIP CODE
safety deposit boxes Name of Bank, Depo	Citibank 600 Pennsylvania Ave SE Washington CITY STATE cirst Foundation Bank	ZIP CODE
safety deposit boxes Name of Bank, Depo	Citibank 600 Pennsylvania Ave SE Washington CITY STATE Ository, etc. 18101 Von Kaman Ave	ZIP CODE
safety deposit boxes Name of Bank, Depo	Citibank 600 Pennsylvania Ave SE Washington CITY STATE cirst Foundation Bank	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi r	ig Participant:			
1.			FEC ID numbe	
2.			FEC ID numbe	r C
3.			FEC ID numbe	r C
4.			FEC ID numbe	r C
ame of Any Connected	Organization, Affilia	ated Committee, Joint Fu	ndraising Representat	tive, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
		Affiliated Committee J J (phone number – optional)	oint Fundraising Represe	entative Leadership PAC S
				entative Leadership PAC S
esignated Agent: Identif				Leadership PAC S
esignated Agent: Identif				Leadership PAC S
esignated Agent: Identif		(phone number — optional)		Leadership PAC S
esignated Agent: Identif	y by name, address	(phone number — optional)		
esignated Agent: Identify Full Name Mailing Address	y by name, address	(phone number — optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing and many deposit boxes.	y by name, address	(phone number – optional) CITY	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing and many deposit boxes.	y by name, address	(phone number – optional) CITY	STATE A	ZIP CODE A
Full Name	y by name, address	(phone number – optional) CITY	STATE A	ZIP CODE A
Full Name	y by name, address	(phone number – optional) CITY	STATE A	ZIP CODE A