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. Blue Hen State & Local PAC PO Box 15293 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 2018 C00676445 FEC IDENTIFICATION NUMBER > 3. 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 04 16 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	e 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. (Complinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · ·	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	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 segrecommittee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	Iraising 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.	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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FEC Form 1 (Revised 0		Page 3
Write or Type Committee Name		
Blue Hen State		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
Blue Hen Federal PAC	; <u> </u>	
Mailing Address	PO Box 15293	
Mailing Address		
	Washington DC 20	0003
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee 🔲 Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person	in possession of committee
Zamore, Ju	udith, , ,	
Mailing Address	PO Box 15293	
j vi		
	Washington DC 20	0003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number]
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Zamore, Ju	ıdith, , ,	
Mailing Address	PO Box 15293	
	Washington DC 20	0003
Title or Position	CITY STATE	ZIP CODE
<u> </u>	Telephone number	-

FEC Forn	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 safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo	oxes or maintains funds.	s accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington DC 20006	
safety deposit bo Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	zip code
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Coons, Christoph	er, A., ,		
	2301 Delaware Ave		
Mailing Address			
	Wilmington	DE DE	19806
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative X Leadership PAC Sp
	Affiliated Committee Join Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identii Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: 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,	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A