## STATEMENT OF

PAGE 1/6

**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 and Local PAC 600 Pennsylvania Ave SE ADDRESS (number and street) #15180 (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 2020 C00676445 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 10 15 2020 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

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 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 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.	vo 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
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Blue Hen State and Local PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
Blue Hen Federal PAC	
600 Pennsylvania Ave SE Mailing Address	
#15180 Washington DC 20003	
Relationship: Connected Organization X Affiliated Committee Joint Fundraising Representative	ZIP CODE  Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in phooks and records.	cossession of committee
Zamore, Judith, , , Full Name	
PO Box 15293  Mailing Address	
Washington DC 20003	; 
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name Zamore, Judith, , , of Treasurer	
Mailing Address PO Box 15293	
Washington DC 20003	
CITY STATE  Title or Position Treasurer  1 202   1	ZIP CODE 544   6960
Telephone number	

LEC LOU	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
	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

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
coons, Christoph	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	2301 Delaware Ave		
	Wilmington	DE DE	19806
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Jofy by name, address (phone number – optional)	int Fundraising Representa	tive Leadership PAC Sp
esignated Agent: Identi			Leavership TAC S
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leavership FAO Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identing Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identii  Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e. or Leadership PAC Spons
First State Victory			
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number - optiona	l)	
Full Name	y by name, address (phone number – optiona	l)	
	y by name, address (phone number – optiona	<b>I)</b>	
Full Name	y by name, address (phone number – optiona	n)	
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY A  pries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the same of Bank,	CITY A  pries: List all banks or other depositories in waintains funds.	STATE A  Telephone Number	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY A  pries: List all banks or other depositories in waintains funds.	STATE  Telephone Number  nich the committee deposi	ts funds, holds accounts, rents