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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. Shaheen for Senate PO Box 75357 ADDRESS (number and street) (Check if address is changed) Washington 20013 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@evanskatz.com (Check if address is changed) Optional Second E-Mail Address brittany@evanskatz.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.jeanneshaheen.org (Check if address is changed) DATE 2020 C00457325 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. Goode, Kathleen, H,, Type or Print Name of Treasurer Goode, Kathleen, H,, [Electronically Filed] 04 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

		- (P. ) - (-2-2-2-2)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Cano	e of didate	Shaheen, Jeanne, , ,	
	didate / Affiliati	on DEM Office Sought: House X Senate President	State NH District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number C	
	4.		

FFO Forms 1 (Decise of	00/2000)	Davis 2
FEC Form 1 (Revised  Write or Type Committee Nam		Page <b>3</b>
Shaheen for Se		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Shaheen Victory Fund	d 2020	
Mailing Address	PO Box 75357	
	Washington DC	20013
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person	on in possession of committee
Evans, Di	viane, , ,	
Full Name	PO Box 75357	
Mailing Address		
	Washington	20013
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
3. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name Goode, Ka	Cathleen, H, ,	ı
of Treasurer	(22 Wilson Ave	
Mailing Address	22 Wilson Ave	
	Concord	03301-2229
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	548 0880

	<b>m 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depository, etc.	
Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW	
	Depository, etc.  Amalgamated Bank  1825 K St NW	
Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW	
Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  DC 120006	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  Woodsboro Bank  6 W Patrick St	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  Woodsboro Bank  6 W Patrick St	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  Woodsboro Bank  6 W Patrick St	ZIP CODE

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

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h). <b>Joint Fundraisi</b> r	I	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Shaheen Smith 2	020		
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee  Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second and	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second and	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telestries: List all banks or other depositories in which aintains funds.  Ty Bank New Hampshire	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telestries: List all banks or other depositories in which aintains funds.  Ty Bank New Hampshire	STATE A	ZIP CODE A

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

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5(a)	or(h). <b>Joint Fundraising</b>	p Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	The Top 4 2020			
	Mailing Address	918 Pennsylvania Ave SE		
		1		
		Washington	, DC	20003
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Representa	
	Connected	Organization Alimated Committee Solution	Fundraising Represent	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
		CITY A	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	STATE A	ZIP CODE ▲
	TITLE OR POSITION	<b>*</b>	STATE ▲	ZIP CODE ▲
		▼ Te	elephone Number	
9.		Te  ies: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor	Te  ies: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,	Te  ies: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Te  ies: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Te  ies: List all banks or other depositories in which	elephone Number	

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5(a)	or(h). <b>Joint Fundraisin</b>	a Portioinant		
J(g)	ı	, ranicipant.	FEC ID number	C
	1.		FEC ID number	C
	2.			
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected Shaheen Jones V	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	918 Pennsylvania Ave SE		
		Washington	DC DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		ı
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	<b>Y</b>	STATE ▲	ZIP CODE 🛦
9.		Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Te	lephone Number	

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	611 PENNSYLVANIA AVE SE		
	NUM 143		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	v by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name   Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	

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

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(h).	•	g Participant:					
1				FEC I	D number	C	
2				FEC I	D number	С	
3.				FEC I	D number	С	
4.				   FEC I	D number	С	
			liated Committee, Joint	Fundraising Re	presentativ	e, or Leadership I	PAC Spons
Shah	neen McGrath	Victory Fund	<b>.</b>				
I							
		ı 918 Pennsylvan	ia Ave Se				
Mai	iling Address						
		Washington			DC	20003	
			CITY A		STATE ▲	ZIP (	CODE A
		Organization by name, address		Joint Fundraisin	g Representa	ative Leaders	hip PAC Sp
	Connected		Affiliated Committee		g Representa	ative Leaders	hip PAC Sp
<b>esignat</b> Full N	Connected		Affiliated Committee		g Representa	ative Leaders	hip PAC Sp
<b>esignat</b> Full N	Connected  ed Agent: Identify  Name		Affiliated Committee		g Representa	ative Leaders	hip PAC Sp
<b>esignat</b> Full N	Connected  ed Agent: Identify  Name		Affiliated Committee		g Representa	ative Leaders	hip PAC Sp
esignate Full N Mailin	ed Agent: Identify Name	by name, address	Affiliated Committee		g Representa	Leaders  Leaders	
Pesignate Full N Mailin	Connected  ed Agent: Identify  Name	by name, address	Affiliated Committee  s (phone number – option		STATE A		]-