Only

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. Purpose PAC 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 2016 C00497131 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. Judith Zamore Type or Print Name of Treasurer Judith Zamore [Electronically Filed] 04 18 2016 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

Local 202-694-1100

FEC F (orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE e Committee:	. 250 -
(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. (Cor information below.)	mplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Domooratio
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revi	rised 02/2009)	Page 3
Write or Type Committee		- 90 -
Purpose PAC		
· · · · · · · · · · · · · · · · · · ·	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	2.5	17.0 opolisol
Cory A. Booker		
Mailing Address	PO Box 32237	
Maining Addiess		
	Newark NJ 071	02
	CITY	7ID CODE
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	✓ Leadership PAC Sponsor
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the person i	n possession of committee
Judit	th Zamore	
Full Name	,918 Pennsylvania Ave SE	
Mailing Address		
	Washington DC 200	003
Title or Position	CITY STATE	ZIP CODE
Treasurer		
	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	ne name and address of
Full Name Judith	h Zamore	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC 200	03
	CITY STATE	ZIP CODE
Title or Position , Treasurer		
	Telephone number	

Full Name of		
Designated Agent	Steven Haber	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC 20003	
		CODE
Title or Position Assistant Treas	surer Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds acc	counts, rents
Name of Bank, I	Depository, etc.	
	Depository, etc. Citibank 1721 Broad St	
Name of Bank, I	Depository, etc. Citibank 1721 Broad St	
Name of Bank, I	Depository, etc. Citibank 1721 Broad St	
Name of Bank, I	Depository, etc. Citibank 721 Broad St Newark Number 197102	CODE
Name of Bank, I	Depository, etc. Citibank 721 Broad St Newark NJ 07102 CITY STATE ZIP	
Name of Bank, I	Depository, etc. Citibank 721 Broad St Newark NJ 07102 CITY STATE ZIP Depository, etc. Amalgated Bank	
Name of Bank, I	Depository, etc. Citibank 721 Broad St Newark NJ O7102 CITY STATE ZIP Depository, etc. Amalgated Bank 275 7th Ave	
Name of Bank, I	Depository, etc. Citibank 721 Broad St Newark NJ O7102 CITY STATE ZIP Depository, etc. Amalgated Bank 275 7th Ave	
Name of Bank, I	Depository, etc. Citibank 721 Broad St Newark NJ O7102 CITY STATE ZIP Depository, etc. Amalgated Bank 275 7th Ave	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Booker Senate Victory** 918 Pennsylvania Ave SE Mailing Address 20003 Washington DC **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number