(Revised 06/2012)

**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Altman for Congress PO Box 267 ADDRESS (number and street) (Check if address is changed) Lambertville 08530 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address altmancompliance@bluesummitsolutions.com is changed) Optional Second E-Mail Address tracie@bluesummitsolutions.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.suealtman.com (Check if address is changed) DATE 31 2023 C00841643 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. Type or Print Name of Treasurer Moore, Tracie,, Date 12 04 2024 Signature of Treasurer Moore, Tracie,,, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Complete the information below.)	e candidate
Name of Candidate Altman, Susan, Copius, ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State NJ District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P/	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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
(j) 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
Committees Participating in Joint Fundraiser	
1C	
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	FEC Form 1 (Revised 0	02/2009)	Page <b>3</b>
V	/rite or Type Committee Name		
	Altman for Cong	ress	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	ANDY KIM - SUE AL	TMAN VICTORY FUND	
	Mailing Address	PO BOX 65322	
		WASHINGTON	20035
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
:	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in po	ossession of committee
	Moore, Tra	icie, , ,	
	Full Name		
	Mailing Address	PO Box 267	
		Lambertville NJ C	08530
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	_ 432 0768
١.	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 Moore, Tra	ıcie, , ,	
	Mailing Address	PO Box 267	
		Lambertville NJ (	08530
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	720 Telephone number	432 0768

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	olds accounts, rents
Name of Bank, D	Depository, etc.	
	Amalgamated	
Mailing Address	275 7th St	
	New York NY 1000	1
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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Connected Or THE FUTUR	rganization, Affiliated = 2024  430 SOUTH CAPITOL  2ND FLOOR  WASHINGTON		FEC II	D number D number D number D number  presentative	C C C e, or Leadership I	PAC Spons
ddress	430 SOUTH CAPITOL 2ND FLOOR		FEC II	D number  D number	C	PAC Spons
ddress	430 SOUTH CAPITOL 2ND FLOOR		FEC II	D number	C	PAC Spons
ddress	430 SOUTH CAPITOL 2ND FLOOR					PAC Spons
ddress	430 SOUTH CAPITOL 2ND FLOOR		Fundraising Re	presentative	e, or Leadership I	PAC Spons
ddress	430 SOUTH CAPITOL 2ND FLOOR		Fundraising Re	presentative	e, or Leadership I	PAC Spons
ddress	430 SOUTH CAPITOL 2ND FLOOR	STREET SE				
	2ND FLOOR	STREET SE				
	2ND FLOOR	STREET SE				
hip:						
nip:	WASHINGTON					
nip:				DC	20003	1-1
•		CITY A		STATE A	ZIP (	CODE A
lress						
POSITION ▼	C	OITY A		STATE A	ZIP CC	DE 🛦
			Telephone N	Number		
	pent: Identify b	pent: Identify by name, address (phorediress  POSITION ▼  Propositories: List all banks or other boxes or maintains funds.	pent: Identify by name, address (phone number – options)  dress  CITY ▲  POSITION ▼  Popositories: List all banks or other depositories in we boxes or maintains funds.	pent: Identify by name, address (phone number – optional)  dress  CITY ▲  POSITION ▼  Telephone Number Depositories: List all banks or other depositories in which the common boxes or maintains funds.	gent: Identify by name, address (phone number – optional)  dress  CITY ▲ STATE ▲  Telephone Number  Per Depositories: List all banks or other depositories in which the committee deposite boxes or maintains funds.	pent: Identify by name, address (phone number – optional)  dress  CITY ▲ STATE ▲ ZIP CO  Telephone Number — — — — — — — — — — — — — — — — — — —

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h). <b>Joint Fundraisi</b>	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fur MER MAJORITY FUND	ndraising Representative	e, or Leadership PAC Spon
	COO DENINGVI VANIA AVE CE #45400		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jorganization Affiliated Committee X Jorganizat	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	by by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	cories: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in white aintains funds.	STATE A  Telephone Number	ZIP CODE A
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in white aintains funds.	STATE A  Telephone Number	ZIP CODE A

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

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h). <b>Joint F</b>		Participant:					
1.				FEC	ID number	C	
2.				FEC	ID number	С	
3.				FEC	ID number	С	
4.				FEC	ID number	С	
ame of Any C	onnected O	rganization, A	ffiliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership	PAC Spons
NADLER VI	CTORY FL	JND					
		1 1 1 1 1				1 1 1 1 1	
		200 WEST 79	TH STREET, #8N				
Mailing Ad	dress	200 WL31 79					
		NEW YORK			NY	10024	
						7IP	00DE 4
Relationsh	Connected	Organization by name, addre	CITY ▲  Affiliated Committee	≺ Joint Fundraisi	STATE Ang Represent		P CODE ▲
	Connected		Affiliated Committee				
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esignated Age	Connected on the control of the cont		Affiliated Committee				
esignated Age	Connected on the control of the cont		Affiliated Committee				
esignated Age Full Name Mailing Addr	nt: Identify	by name, addre	Affiliated Committee			ative Leade	
esignated Age	nt: Identify	by name, addre	Affiliated Committee		ng Represent	ative Leade	ership PAC Sp

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(h). Joint Fundraising	g Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
		, 	
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
NJ DEMS VICTORY F	FUND		
Mailing Address	142 WEST STATE STREET		
	TRENTON	NJ	08608
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
П	Organization Affiliated Committee X J	oint Fundraising Representa	ative Leadership PAC Spor
	by name, address (phone number - optional)		
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE <b>A</b>

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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
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
House Victory Project	ct 2024		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
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