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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. Communities United Fund 600 Pennsylvania Ave SE #15180 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00780601 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 02 2022 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	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. (Cominformation below.)	olete the candidate			
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	ty Con	nmittee:				
(d)		(National, State	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party			
(.)	ш	committee. (i.e., nonconnected committee)	gregates tama er party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising 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.	o 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.	Josh Gottheimer for Congress	573949			
	2.	Jeffries for Congress FEC ID number C C008	03052			
	3.	Maloney for Congress FEC ID number C C002	273169			
	4.	Grace for New York	16666			

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Write or Type Committee		
Communities	s United Fund	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the person	on in possession of committee
Zamo Full Name	ore, Judith, , ,	
	600 Pennsylvania Ave SE #15180	
Mailing Address		
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer		
	ne and address (phone number optional) of the treasurer of the committee; an e.g., assistant treasurer).	d the name and address of
Full Name Zamo	ore, Judith, , ,	
Mailing Address	600 Pennsylvania Ave SE #15180	
	Washington DC	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer		

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit	itory, etc.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. story, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY STATE	03
Safety deposit boxes or Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name of Bank, Deposition	r maintains funds. Itory, etc. Ink of America 201 Pennsylvania Ave, SE Washington CITY STATE Itory, etc. Inalgamated Bank	03
Safety deposit boxes or Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name of Bank, Deposition	r maintains funds. itory, etc. nk of America 201 Pennsylvania Ave, SE Washington CITY STATE itory, etc.	03
Safety deposit boxes or Name of Bank, Deposition Mailing Address Mailing Address Name of Bank, Deposition American Ame	r maintains funds. Itory, etc. Ink of America 201 Pennsylvania Ave, SE Washington CITY STATE Itory, etc. Inalgamated Bank	03

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

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r(h). Joint Fundraisi	ng Participant:			
Joe Morelle fo	Congress	FE	EC ID number	C C00675108
Kathleen Rice	for Congress	FE	EC ID number	C C00555813
Torres for Con	gress	FE	EC ID number	C C00699744
Friends for Gre	gory Meeks	FE	EC ID number	C C00430991
Name of Any Connected	Organization, Affiliated Comm	ittee, Joint Fundraisinç	g Representativ	e, or Leadership PAC Sponsor
Mailing Address				
Relationship:	CITY	A	STATE A	ZIP CODE ▲
Designated Agent: Identi	y by name, address (phone num	nber – optional)	1_1_1_1_1	1 1 1 1 1 1 1 1 1 1
	y by name, address (phone num	nber – optional)		
Full Name	y by name, address (phone num	aber – optional)		
Full Name	y by name, address (phone num	aber – optional)		
Full Name	CITY		STATE A	ZIP CODE A
Full Name	CITY		STATE A	ZIP CODE A
Full Name _ _ Mailing Address	CITY A	Telepho	one Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A	Telepho ositories in which the co	one Number	

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

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	Full Name Mailing Address TITLE OR POSITION	▼	CITY A	Telephor	STATE A	ZIP CODE A
	Mailing Address		CITY A			ZIP CODE A
	Full Name					
8.	Designated Agent: Identify	by name, addres	s (phone number – opt	tional)		
	Connected	Organization	Affiliated Committee	Joint Fundra	aising Represent	ative Leadership PAC Sponso
	Relationship:		CITY 🛦		STATE ▲	ZIP CODE ▲
					1 1 1	
	Mailing Address					
6.	Name of Any Connected	Organization, Affi	liated Committee, Joi	nt Fundraising	Representativ	e, or Leadership PAC Sponsor
	4.			FE FE	C ID number	C
	3.			 FE	C ID number	C
	2.			 	C ID number	C
	1.	at for Congress	; 	, FE	C ID number	C C00701953