PAGE 1/6

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. Bay State for a Majority 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 2018 C00678607 FEC IDENTIFICATION NUMBER > 3. 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] 05 2018 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
TYP	E OF C	OMMITTEE	
Car	ndidate	e 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. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			Democratic, depublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	nt Fund	Iraising 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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	NEVADANS FOR STEVEN HORSFORD FEC ID number C C006	68228
	2.	TOM MALINOWSKI FOR CONGRESS  FEC ID number C C0069	56686
	3.	BETSY DIRKSEN LONDRIGAN FOR CONGRESS FEC ID number C C0064	49483
	4.	XOCHITL FOR NEW MEXICO FEC ID number C C0066	66149

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam	e	
Bay State for a	Majority	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponso
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	he person in possession of committee
Zamore, .	ludith, , ,	
	918 Pennsylvania Ave SE	
Mailing Address		
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commi assistant treasurer).	ittee; and the name and address of
Full Name Zamore, Sof Treasurer	udith, , ,	
Mailing Address	918 Pennsylvania Ave SE	
	Washington	20003
Tille D - '''	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Amalgamated Bank  1825 K St NW  Washington  DC   20006	
	20000	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		1
mailing Address		
Mailing Address		
wailing Address		

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

FEC Form 1S (Revised 02/2017)

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

2.		FEC ID number	C C00648956
	ERWOOD FOR CONGRESS	FEC ID number	C C00652719
	D FOR CONGRESS	FEC ID number	C C00637868
3. LILILILI GINA ORTIZ J	ONES FOR CONGRESS	FEC ID number	C C00652297
4.			O coccession.
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
i tolationionip.		SIAIL	ZIF CODE A
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
Connected Agent: Identi	ed Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Join  fy by name, address (phone number – optional)		
esignated Agent: Identi	ed Organization Affiliated Committee Join  fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp

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

FEC Form 1S (Revised 02/2017)

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

Full N Mailin TITL Banks or safety de Name of Depositor	ng Address  E OR POSITION  Other Depositori posit boxes or main	es: List all banks o	city A	Telepho	STATE A one Number	ZIP CODE A  ZIP CODE A  TS funds, holds accounts, rents
Full N Mailin TITL Banks or safety de Name of Depositor	ng Address  E OR POSITION  Other Depositori posit boxes or main Bank, y, etc.	es: List all banks o	CITY A	Telepho	STATE ▲	ZIP CODE ▲
Full N Mailin TITL Banks or safety de Name of Depositor	ng Address  E OR POSITION  Other Depositori posit boxes or main Bank, y, etc.	es: List all banks o	CITY A	Telepho	STATE ▲	ZIP CODE ▲
Full N Mailin TITL Banks or safety de	ng Address  E OR POSITION  Other Depositori posit boxes or main	es: List all banks o	CITY A	Telepho	STATE ▲	ZIP CODE ▲
Full N Mailin TITL L L Banks or	ng Address  E OR POSITION  Other Depositori	es: List all banks o	CITY A	Telepho	STATE ▲	ZIP CODE ▲
Full N Mailir	Name				STATE A	
Full N Mailir	Name			ional)		
Full N	Name	by name, address (	(phone number – opt	ional)		
Full N	Name	by name, address (	(phone number – opt	ional)		
Full N	Name	by name, address (	(phone number — opt	ional)		
		by name, address (	(phone number – opt	ional)		
. Designate	ed Agent: Identify	by name, address (	(phone number – opt	ional)		
	Connected	Organization A	Affiliated Committee	Joint Fund	Iraising Represent	tative Leadership PAC Spon
Rel	ationship:		CITY A		STATE A	ZIP CODE A
Mai	iling Address					
. Name of	Any Connected C	Organization, Affilia	ited Committee, Joii	nt Fundraisin	g Representativ	re, or Leadership PAC Sponso
4				F	EC ID number	C
				F	EC ID number	С
3	LISSA SLOTKI	N FOR CONGR	RESS	F	EC ID number	C C00650150
2			(ESS _	F	EC ID number	C C00646752
1. L 2. E		H FOR CONGR	NECC			