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. Blue Hen Federal PAC 600 Pennsylvania Ave SE ADDRESS (number and street) #15180 (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 C00493700 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 80 20 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

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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 F	undraising 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.	vo 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	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Name		. ago c
Blue Hen Fede	ral PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
Coons, Christopher, A	<b>, ,</b>	
	2301 Delaware Ave	
Mailing Address		
	Wilmington DE	19806
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representa	ative <b>x</b> Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the p	person in possession of committee
Zamore, J	ludith, , ,	
Mailing Address	600 Pennsylvania Ave SE	
<b>3</b>	#15180	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	; and the name and address of
Full Name Zamore, J of Treasurer	udith, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15180	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202   -   544   -   6960

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	or maintains funds.  ository, etc.  NC Bank  650 Pennsylvania Ave SE	
safety deposit boxes  Name of Bank, Depo	or maintains funds. ository, etc.  NC Bank  650 Pennsylvania Ave SE	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  NC Bank  650 Pennsylvania Ave SE	ZIP CODE
safety deposit boxes  Name of Bank, Depo	or maintains funds. ository, etc.  NC Bank  650 Pennsylvania Ave SE  Washington  CITY  STATE	ZIP CODE
safety deposit boxes  Name of Bank, Depo	Or maintains funds. Ository, etc.  ONC Bank  650 Pennsylvania Ave SE  Washington  CITY  STATE  Ository, etc.	ZIP CODE
safety deposit boxes  Name of Bank, Depo	or maintains funds. ository, etc.  NC Bank  650 Pennsylvania Ave SE  Washington  CITY  STATE	ZIP CODE
safety deposit boxes  Name of Bank, Depo	or maintains funds. ository, etc.  NC Bank  650 Pennsylvania Ave SE  Washington  CITY  STATE  cository, etc.	ZIP CODE
safety deposit boxes  Name of Bank, Depo	ository, etc.  NC Bank  650 Pennsylvania Ave SE  Washington  CITY  STATE  ository, etc.  Malgamated Bank  1825 K St NW	ZIP CODE
safety deposit boxes  Name of Bank, Depo	or maintains funds. ository, etc.  NC Bank  650 Pennsylvania Ave SE  Washington  CITY  STATE  cository, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page	5	of <sup>5</sup>	
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n). <b>Joint Fundraisin</b> g			1 .	FFC ID ******	C
1.				FEC ID number	
2.				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	C
		ed Committee, Join	t Fundraisi	ng Representativ	e, or Leadership PAC Spor
Blue Hen State &	_ocal PAC				
Mailing Address	PO Box 15293				
	Washington			DC	20003
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	Organization X Affi	iliated Committee	Joint Fur	ndraising Represent	ative Leadership PAC S
esignated Agent: Identify		'		ndraising Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name		'		ndraising Represent	ative Leadership PAC S
esignated Agent: Identify		'		ndraising Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name		'		ndraising Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (pl	'	onal)		ative Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (pl	hone number – opti	onal)		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (pl	hone number – opti	onal)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address (pl	hone number – opti	onal)	STATE A	
Full Name Mailing Address  TITLE OR POSITION	by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Anks or Other Depositor fety deposit boxes or ma	by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or material depository, etc.	by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A