FEC

Only

STATEMENT OF **ORGANIZATION**

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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 07 12 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	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,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperation	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I 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 PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	12/2009)	Page 3
W	/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 p	ossession of committee
	Moore, Tra	cie, , ,	
	Full Name		
	Mailing Address	PO Box 267	
		Lambertville NJ	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	icie, , ,	
	Mailing Address	PO Box 267	
		Lambertville	08530
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	720	432 0768

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Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other safety deposit bo	Depositories: 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 ▲

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

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BLUE TO THE FUTUR Mailing Address Relationship:	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY		ST	mber (mber (20003
3. 4. Name of Any Connected O BLUE TO THE FUTUR Mailing Address Relationship: Connected O	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY Affiliated Committee		FEC ID nu FEC ID nu aising Represe	mber (mber (or Leadership PAC Spons
A. Name of Any Connected O BLUE TO THE FUTUR Mailing Address Relationship: Connected O Connected O	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY Affiliated Committee		aising Represe	entative,	or Leadership PAC Spons
Name of Any Connected O BLUE TO THE FUTUR Mailing Address Relationship: Connected O	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY Affiliated Committee		aising Represe	entative,	or Leadership PAC Spons
BLUE TO THE FUTUR Mailing Address Relationship: Connected Conne	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY Affiliated Committee		ST	DC	20003
BLUE TO THE FUTUR Mailing Address Relationship: Connected Conne	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY Affiliated Committee		ST	DC	20003
Mailing Address Relationship: Connected Conne	430 SOUTH CAPITOL STREET SE 2ND FLOOR WASHINGTON CITY Organization Affiliated Committee		ST		
Relationship: Connected Co	2ND FLOOR WASHINGTON CITY organization Affiliated Committee		ST		
Relationship: Connected Co	2ND FLOOR WASHINGTON CITY organization Affiliated Committee		ST		
Connected Connec	WASHINGTON CITY Organization Affiliated Committee	ee X Joint	ST		
Connected Connec	CITY ▲ Programization Affiliated Committee	ee X Joint	ST		
Connected Connec	rganization Affiliated Committe	ee X Joint		ATE 🛦	
Designated Agent: Identify b		ee X Joint			ZIP CODE ▲
Full Name		- optional)			
Mailing Address					
TITLE OR POSITION V	CITY A		STA	ΓE ▲	ZIP CODE ▲
		Te	lephone Numb	er L	

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

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h). Joint Fundraisi	іў Рапісірані.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
DEMOCRACY SUM	MER MAJORITY FUND		
	600 PENNSYLVANIA AVE SE #15180		
Mailing Address			
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee X Join by by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	by by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management are of Bank,	by by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	by by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	by by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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(h). Joint Fundrais			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
NADLER VICTORY	-		
Mailing Address	200 WEST 79TH STREET, #8N		
	NEW YORK	NY NY	10024
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X	loint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional		
esignated Agent: Ident	ify by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, repository, etc.	ify by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Iame of Any Connected , NJ DEMS VICTOR)	d Organization, Affiliated Committee, Joint Fo	ındraising Representative	e, or Leadership PAC Spons
Mailing Address	142 WEST STATE STREET		
	TRENTON	, , , , NJ	08608
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ify by name, address (phone number – optiona)	
esignated Agent: Ident	ify by name, address (phone number – optiona)	
	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposit	CITY ▲ cries: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity.	CITY ▲ cries: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposit	CITY ▲ CITY ▲ Ories: List all banks or other depositories in whaintains funds.	STATE Telephone Number iich the committee deposit	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or name of Bank,	CITY ▲ CITY ▲ Ories: List all banks or other depositories in whaintains funds.	STATE Telephone Number iich the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or not be a second and a second	CITY ▲ city A cories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or not be a second and a second	CITY ▲ city A cories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	s funds, holds accounts, rents