STATEMENT OF

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FEC FORM 1			DRGA			-							0	ffice l	Use C)nlv			
1. NAME OF COMMITTEE (ir	, fII)	П	(Check if I			ple:If ty		ype		12	FE4	M5			030 0	Ally			
Blumenthal		ry Fu	is changed	u)	over	he lines	i. 	1 1								ı	ı	1 1	, I
ADDRESS (number a	nd street)	600 Pe	ennsylvania <i>F</i>	Ave SE															
(Check if a is changed	address	#1518	0																
is onanged	.)	Washi	ngton CITY ▲							DO STA	; TE 4		200	003	Z	 ZIP (- [_	 E▲	
COMMITTEE'S E-MA	AIL ADDRE	SS																	
(Check if a is changed	address		capcomp	liance.co	om 														
		Option	al Second E	E-Mail Add	dress														. 1
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)															<u> </u>	
2. DATE 02		D /	2023																
3. FEC IDENTIFIC	CATION NU	JMBER	>	C	00766790														
4. IS THIS STATEM	MENT	NE'	W (N)	OR	×	AME	ENDED) (A)											
I certify that I have ϵ	examined th	is Stater	nent and to	the best	of my kn	owledge	e and I	belief	it is	true	, co	rrect	anc	cor	nplet	e.			
Type or Print Name	of Treasure	z Zamoi	e, Judith, , ,																
Signature of Treasure	er Zamor	re, Judith,	,		[1	Electroni	cally Fi	led]	D	ate		02	M	_	21	/		2023	YYY
NOTE: Submission of	false, errone		ncomplete in					-	_					pen	alties	of 5	i2 U.	S.C.	§30109
Office Use Only					F	or further ederal E oll Free 8 ocal 202	ection C 300-424-	Commis -9530		act:					C I				

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. TYP	PE OF COMMITTEE:	
Can	ndidate 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. (Complete the information below.)	candidate
	ame of andidate	
	andidate Office Arty Affiliation Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
-	Name of Candidate	
Par	rty Committee:	
(d)	This committee is a (National, State or subordinate) committee of the Republican, e	tc.) Party
Poli	itical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	⁄e
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joir	nt Fundraising Representative:	
(i)	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
(j)	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
C	Committees Participating in Joint Fundraiser	
	Blumenthal for Connecticut C C00492991	
	Nutmeg PAC C C00492983	

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٧	rite or Type Committee Name	·	<u> </u>
	Blumenthal Vid	ctory Fund	
3.		rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	e Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position of the person in	possession of committee
	Solander, I	Kristin, , ,	
	Full Name		
	Mailing Address	1600 Pennsylvania Ave SE	
		#15180	
		Washington DC	20003
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Assistant Treasurer	Telephone number	
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
	Full Name Zamore, Ju	idith, , ,	1
	of Treasurer		
	Mailing Address	600 Pennsylvania Ave SE	
		#15180	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	2 - 544 - 6960

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Full	Name of signated			
Age				
Mai	ling Address			
Title	e or Position •	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone	number	
		Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits f	unds, holds accounts, rents
Nam	ne of Bank, D	epository, etc.		
		Amalgamated Bank		
Mail	ling Address	1825 K St NW		
		Washington	DC DC	20006
		CITY ▲	STATE ▲	ZIP CODE ▲
Nam	ne of Bank, D	epository, etc.		
Mail	ing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲