Only

## STATEMENT OF

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**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. Katherine Clark for Congress 600 Pennsylvania Ave SE #15180 ADDRESS (number and street) (Check if address is changed) Washington DC 20003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.katherineclark.org/ (Check if address is changed) DATE 2023 C00541888 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] 03 2023 Signature of Treasurer Date 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

FE	C Form 1 (Revised 03/2022)	Page <b>2</b>
	TYPE OF COMMITTEE:	
	Candidate 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.)	e candidate
	Name of Clark, Katherine, , ,	
	Candidate Party Affiliation DEM Office Sought: House President	State MA  District 05
	(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 (Democratic 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	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Loint Fundraiging Depresentatives	
	Joint Fundraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	r more political
	(i) committees/organizations, at least one of which is an authorized committee of a federal candidate.	i more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1	

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٧	Vrite or Type Committee Na	me	
	Katherine Cla	ark for Congress	
6.	Name of Any Connected Katherine Clark M	d Organization, Affiliated Committee, Joint Fundraising Represe ajority Fund	ntative, or Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania Ave SE  #15180	
		Washington	DC   20003   -
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Relationship: Connec	ted Organization Affiliated Organization X Joint Fundraising Re	
7.	Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of th	e person in possession of committee
	Zamore	e, Judith, , ,	
	Full Name		
	Mailing Address	600 Pennsylvania Ave SE #15180	
		Washington	DC 20003
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	r
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the cog., assistant treasurer).	mmittee; and the name and address of
	Full Name Zamore	e, Judith, , ,	
	of Treasurer		
	Mailing Address	600 Pennsylvania Ave SE #15180	
		Washington	DC 20003 -   -   -
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	r 202 - 544 - 6960

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	Full Name of Designated Agent Mailing Address	Nissen, Melissa, , ,  600 Pennsylvania Ave SE #15180	
	Ü	Washington DC 20003	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Assistant Treasur	er Telephone number	
-		Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.	ds accounts, rents
	Name of Bank, D	epository, etc.	
	Mailing Address	Amalgamated Bank  275 Seventh Ave	
		New York 10001	
	Name of Bank, D	epository, etc.	ZIP CODE ▲
	Mailing Address		
	-		
		CITY ▲ STATE ▲	ZIP CODE ▲

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

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5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Katherine Clark V	ictory Fund		
	Mailing Address	600 Pennsylvania Ave SE		
		#15180		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	1 Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		ZIP CODE ▲
9.		ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	elephone Number	

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	of Any Connected O	rganization, Affiliated Committee, Joint Fundraiseadership Fund	sing Representative	e, or Leadership PAC Sponsor
N	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC	20003
F	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
8. <b>Desig</b> n	nated Agent: Identify I	py name, address (phone number – optional)		
	nated Agent: Identify I	oy name, address (phone number – optional)		
Ful		oy name, address (phone number – optional)		
Ful	Il Name	oy name, address (phone number – optional)		
Ful	Il Name	oy name, address (phone number – optional)		
Ful Ma	Il Name	CITY	STATE A	ZIP CODE A
Ful Ma	Il Name	CITY A	STATE A	
9. Banks safety Name Deposi	Il Name	CITY   Tele	phone Number	ZIP CODE 🛦
9. Banks safety Name Deposi	Il Name	CITY   Tele	phone Number	ZIP CODE 🛦

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h). <b>Joint Fundraising</b>			1 .	FEC ID number	C
1					
2.				FEC ID number	C
3.				FEC ID number	С
4			F	FEC ID number	[C]
		ed Committee, Join	t Fundraisii	ng Representativ	e, or Leadership PAC Spor
Democracy Defend	aers 				
Mailing Address	600 Pennsylvania Av	ve SE #15180			
	Washington			DC DC	20003
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Organization Affi	iliated Committee	<b>X</b> Joint Fun	draising Represent	ative Leadership PAC S
	_			draising Represent	ative Leadership PAC S
Connected				draising Represent	ative Leadership PAC S
Connected esignated Agent: Identify				draising Represent	Leadership PAC S
Connected  esignated Agent: Identify  Full Name				draising Represent	Leadership PAC S
Connected  esignated Agent: Identify  Full Name	by name, address (pl		onal)		Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (pl	hone number – optic	onal)		
Connected  esignated Agent: Identify  Full Name	by name, address (pl	hone number – optic	onal)		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	by name, address (pl	hone number – optic	onal)	STATE A	
Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori afety deposit boxes or main	by name, address (pl	hone number – optic	onal)	STATE A	ZIP CODE A
Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (pl	hone number – optic	onal)	STATE A	ZIP CODE A

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h). <b>Joint Fundraisir</b>			1	FEC ID number	С
1.					-1
2.				FEC ID number	C
3.				FEC ID number	C
4.				FEC ID number	C
		filiated Committee, J	oint Fundraisi	ng Representati	ve, or Leadership PAC Spon
Jeffries Clark Vict	ory Fund				
Mailing Address	PO Box 65322	: 			
	Washington			DC	20035
Relationship:		CITY A		STATE A	ZIP CODE A
Connecte	d Organization	Affiliated Committee	<b>X</b> Joint Fu	ndraising Represen	tative Leadership PAC S
				ndraising Represen	tative Leadership PAC S
				ndraising Represen	tative Leadership PAC S
esignated Agent: Identif				ndraising Represen	tative Leadership PAC S
esignated Agent: Identif				ndraising Represen	tative Leadership PAC S
esignated Agent: Identif	y by name, addre		optional)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, addre	ss (phone number – o	optional)		
esignated Agent: Identif	y by name, addre	ss (phone number – o	optional)		
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, addre	ss (phone number – o	optional)	STATE A	
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, addre	ss (phone number – o	optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, addre	ss (phone number – o	optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mailing ame of Bank, epository, etc.	y by name, addre	ss (phone number – o	optional)	STATE A	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representativ	re, or Leadership PAC Spon
Mailing Address	600 Pennsylvania Ave SE		
	#15180		
		DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joi	int Fundraising Represent	tative Leadership PAC S
		int Fundraising Represent	tative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A