**FEC** 

Only

### STATEMENT OF **ORGANIZATION**

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12/27/2023 08:10

(Revised 06/2012)

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democracy Summer 2024 600 Pennsylvania Ave SE #15180 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@capcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00863639 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. Type or Print Name of Treasurer Zamore, Judith, , Date 12 27 2023 Signature of Treasurer Zamore, Judith, , , 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

Toll Free 800-424-9530

Local 202-694-1100

FEC 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 is	information below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	n committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an author	ized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
	.,,,
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	on on line 6.) Its connected 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 N committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor of	on line 6.)
(g) This committee is an independent expenditure-only political committee (Super	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contrib	oution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburs	es net proceeds for two or more political
committees/organizations, at least one of which is an authorized committee c	·
(j) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, none of which is an authorized committee of a fed	·
Committees Participating in Joint Fundraiser	
1. MARY PELTOLA FOR ALASKA	C C00812388
COMMITTEE TO ELECT JAPED COLDEN	C C00653816

	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
W	Irite or Type Committee Name				
	Democracy Sum	IMER 2024 rganization, Affiliated Committee, Joint Fu	ındraising Renr	esentative or Leade	rehin BAC Snapsor
<b>,</b> .	NONE	rganization, Anniated Committee, John Ft	iliulaisilig nepi	esemative, or Leade	isilip PAC Spolisoi
	Mailing Address				
		1	<b>.</b>		[-] [
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number option	nal) and position o	of the person in posses	ssion of committee
	Zamore, Ju	udith, , ,			_
	Full Name				
	Mailing Address	600 Pennsylvania Ave SE #15180			
		Washington	<u> </u>	DC   20003	[-] [
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	mber 202 - [	544   -   6960
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the	e committee; and the	name and address of
	Full Name Zamore, Ju	udith, , ,			1
	of Treasurer	600 Denneylyonia Ava SE #15190			
	Mailing Address	600 Pennsylvania Ave SE #15180			
		Washington		DC 20003	
		CITY A		STATE A	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	mber 202 - [	544 6960

FEC Form 1	(Revised 02/2009)	Page <b>4</b>	I
Full Name of Designated	`	, and the second	
Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲ ZIP CODE ▲	
	Teleph	none number	
	Depositories: List all banks or other depositories in which the es or maintains funds.	committee deposits funds, holds accounts, rer	nts
Name of Bank, De	epository, etc.		
Į	Amalgamated Bank		
Mailing Address	1825 K St NW		
	-  Washington	DC   20006	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY A	STATE ▲ ZIP CODE ▲	

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

5(g) o	or(h). <b>Joint Fundraisin</b>	g Participant:			
	ANGIE CRAIG FOR CO	NGRESS	FEC	ID number	C C00575209
	2. SUSIE LEE FOR CO	NGRESS	FEC	ID number	C C00655613
	3. KAPTUR FOR CONGI	RESS	FEC	ID number	C C00154625
	4. CARTWRIGHT FOR C	ONGRESS	FEC	D number	C C00509968
6.	Name of Any Connected	Organization, Affiliated Committee	, Joint Fundraising	Representative,	or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	e Joint Fundrai	sing Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number -	- optional)		
8.	Pull Name	by name, address (phone number	optional)		
8.		by name, address (phone number	optional)		
8.	Full Name	by name, address (phone number	optional)		
8.	Full Name	by name, address (phone number	optional)		
8.	Full Name	CITY A	optional)	STATE A	ZIP CODE A
8.	Full Name   Mailing Address  TITLE OR POSITION	CITY A	- optional)  Telephone		ZIP CODE A
9.	Full Name      Mailing Address  TITLE OR POSITION	CITY ▲  ries: List all banks or other deposito	Telephone	Number	
9.	Full Name Mailing Address  TITLE OR POSITION	CITY ▲  ries: List all banks or other deposito aintains funds.	Telephone	e Number	funds, holds accounts, rents
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	CITY ▲  ries: List all banks or other deposito aintains funds.	Telephone ries in which the com	e Number	funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY ▲  ries: List all banks or other deposito aintains funds.	Telephone ries in which the com	e Number	funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY ▲  ries: List all banks or other deposito aintains funds.	Telephone ries in which the com	e Number	funds, holds accounts, rents

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

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(g) or (h). <b>Joint Fundraisin</b>	g Participant:		
1. MIKE LEVIN FOR CON	GRESS	FEC ID number	C C00634253
2. DR KIM SCHRIER F	OR CONGRESS	FEC ID number	C C00652628
3. FRIENDS OF JAHANA	A HAYES	FEC ID number	C C00677898
4. ERIC SORENSEN FO	R ILLINOIS	FEC ID number	C C00793935
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
. Designated Agent: Identify	y by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	•	STATE   lephone Number	ZIP CODE A
	Te ries: List all banks or other depositories in which the	lephone Number	
. Banks or Other Deposito	Te ries: List all banks or other depositories in which the	lephone Number	
Banks or Other Deposito safety deposit boxes or ma	Te ries: List all banks or other depositories in which the	lephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	lephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	lephone Number	

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

5(g) (	or(h). <b>Joint Fundraisin</b>	g Participant:			
	SHARICE FOR CONGR	RESS	FE	C ID number	C C00670034
	2. SCHOLTEN FOR CO	DNGRESS	FE	C ID number	C C00711317
	3. CHRIS PAPPAS FOR	CONGRESS	FE	C ID number	C C00660464
	4. NEVADANS FOR STE	VEN HORSFORD	FE	C ID number	C C00668228
6.	Name of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising	Representative	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲	_	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundr	aising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	/ by name, address (phone number - c	optional)		
8.	Pull Name	/ by name, address (phone number – c	pptional)		
8.		by name, address (phone number – c	optional)		
8.	Full Name	y by name, address (phone number – o	optional)		
8.	Full Name	y by name, address (phone number — o	optional)		
8.	Full Name	CITY A	optional)	STATE A	ZIP CODE A
8.	Full Name	CITY A		STATE A	ZIP CODE <b>A</b>
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY A	Telephor	ne Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito	CITY ▲  ries: List all banks or other depositories aintains funds.	Telephor	ne Number	s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	CITY ▲  ries: List all banks or other depositories aintains funds.	Telephotes in which the co	ne Number	s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY ▲  ries: List all banks or other depositories aintains funds.	Telephones in which the co	ne Number	s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY ▲  ries: List all banks or other depositories aintains funds.	Telephones in which the co	ne Number	s funds, holds accounts, rents

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

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(g) or (h). <b>Joint Fundraisi</b>	ng Participant:		
PAT RYAN FOR CON	GRESS	FEC ID number	C C00815290
2. LANDSMAN FOR C	ONGRESS	FEC ID number	C C00800276
3. SUSAN WILD FOR C	ONGRESS	FEC ID number	C C00658567
4. CHRIS DELUZIO FOI	RCONGRESS	FEC ID number	C C00787648
. Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Joi	nt Fundraising Representa	tive Leadership PAC Sponsor
. Designated Agent: Identif	fy by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	N ▼	STATE  Telephone Number	ZIP CODE ▲
Banks or Other Depositorsafety deposit boxes or m	pries: List all banks or other depositories in which	Telephone Number	
Banks or Other Deposito	pries: List all banks or other depositories in which	Telephone Number	
Banks or Other Deposite safety deposit boxes or m	pries: List all banks or other depositories in which	Telephone Number  th the committee deposits	
Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	Telephone Number  th the committee deposits	
Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	Telephone Number  th the committee deposits	

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

5(g) o	r(h). <b>Joint Fundraisi</b> r	g Participant:				
	MARIE FOR CONGRE	SS 		FEC I	D number	C C00806174
	2. CARAVEO FOR CO	NGRESS		FEC I	D number	C C00787788
	NIKKI FOR CONGRE	SS 		FEC I	D number	C C00787812
	4. MRVAN FOR CONGR	ESS		FEC I	D number	C C00727529
6.	Name of Any Connected	Organization, Affil	liated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address					1 1 1 1 1 1 1 1 1 1 1
		1				
	Relationship:		CITY A		STATE A	ZIP CODE ▲
	Connecte	d Organization	Affiliated Committee	Joint Fundraisir	g Representa	ative Leadership PAC Sponso
8.	Designated Agent: Identif	y by name, address	s (phone number – optic	onal)		
8.		y by name, address	s (phone number – optic	onal)		
8.	Full Name	y by name, address	s (phone number – optic	onal)		
8.	Full Name	y by name, address	s (phone number – option	onal)		
8.	Full Name		city A	onal)	STATE A	ZIP CODE A
8.	Full Name			Telephone N		ZIP CODE A
	Full Name      Mailing Address  TITLE OR POSITION	▼  iries: List all banks	CITY A	Telephone N	Number	ZIP CODE   ZIP CODE   s funds, holds accounts, rents
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mails and the safety deposit boxes or mails and the safety deposit boxes.	▼  iries: List all banks	CITY A	Telephone N	Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	▼  iries: List all banks	CITY A	Telephone N	Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	▼  iries: List all banks	CITY A	Telephone N	Number	

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

	ng Participant:				
DON DAVIS FOR NC			FEC ID	number (	C00795211
2. GABE VASQUEZ FO	OR CONGRESS		FEC ID 1	number (	C00789404
3. EMILIA SYKES FOR	CONGRESS		FEC ID	number (	C00801274
4. ANDREA SALINAS FO	OR OREGON		FEC ID	number (	C00793703
Name of Any Connected	Organization, Affil	iated Committee, Joint	Fundraising Repre	esentative,	or Leadership PAC Sponsor
Mailing Address					
Relationship:		CITY A	S	STATE A	ZIP CODE ▲
Connecte	ed Organization	Affiliated Committee	Joint Fundraising F	Representativ	ve Leadership PAC Sponso
Designated Agent: Identif	fy by name, address	(phone number – option	al)		
Full Name					
Mailing Address					
			$\perp$ $\perp$ $\perp$ $\perp$ $\perp$		
TITLE OR POSITION	   <b>▼</b>	CITY A	ST	ATE A	ZIP CODE A
TITLE OR POSITION	l ▼	CITY A	ST Telephone Nun		ZIP CODE A
TITLE OR POSITION	I ▼	CITY A			ZIP CODE A
Banks or Other Deposito	pries: List all banks		Telephone Nun	nber	ZIP CODE A  funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or ma	pries: List all banks		Telephone Nun	nber	
Banks or Other Deposito	pries: List all banks		Telephone Nun	nber	
Banks or Other Depositor safety deposit boxes or many Name of Bank,	pries: List all banks		Telephone Nun	nber	
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks		Telephone Nun	nber	
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks		Telephone Nun	nber	

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

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:			
	1. VICENTE GONZALEZ I	FOR CONGRESS		FEC ID number	C C00592659
	2. SUMMER LEE FOR	CONGRESS		FEC ID number	C C00791780
	3. JARED MOSKOWITZ	FOR CONGRESS		FEC ID number	C C00807628
		ER LEADERSHIP PAC		FEC ID number	C C00664318
6.	Name of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated (	Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone n	umber – optional)		
8.	Pull Name	y by name, address (phone n	umber – optional)	1 1 1 1 1 1	
8.		y by name, address (phone n	umber – optional)		
8.	Full Name	y by name, address (phone n	umber – optional)		
8.	Full Name	y by name, address (phone n	umber – optional)		
8.	Full Name	CITY		STATE A	ZIP CODE A
8.	Full Name   Mailing Address  TITLE OR POSITION	CITY	<b>A</b>	STATE A	ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY  ries: List all banks or other of	▲ Te	lephone Number	ZIP CODE   ZIP CODE   s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito	CITY  ries: List all banks or other of	Te depositories in which t	lephone Number	s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	CITY  ries: List all banks or other of	Te depositories in which t	lephone Number	s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY  ries: List all banks or other of	Te depositories in which to	lephone Number	s funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY  ries: List all banks or other of	Te depositories in which to	lephone Number	s funds, holds accounts, rents