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. Georgia Senate Victory Fund 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) (Check if address is changed) DATE 2023 C00751339 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, , , [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 Only

Local 202-694-1100

EC 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 inf	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	
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 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 NC committee. (i.e., nonconnected committee)	OT 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 on	line 6.)
(g) This committee is an independent expenditure-only political committee (Super F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	tion accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a feder	
Committees Participating in Joint Fundraiser	
Jon Ossoff for Šenate	C C00718866
Warnock for Georgia	C C00736876

	FEC Form 1 (Revised	02/2009)		Page <b>3</b>
V	Vrite or Type Committee Name	te Victory Fund		
6.		Organization, Affiliated Committee, Join	nt Fundraising Representative, o	r Leadership PAC Sponsor
	NONE			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization	Joint Fundraising Representati	ve Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number op	otional) and position of the person i	n possession of committee
	Zamore, J	ludith, , ,		
	Full Name	000 D		
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC	20003
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) or assistant treasurer).	f the treasurer of the committee; a	and the name and address of
	Full Name Zamore, J	Judith, , ,		
	of Treasurer	COO Borney branin Ave CE #45400		
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC L	20003
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
_	Treasurer		Telephone number	

FEC Form	I (Revised 02/2009)		Page <b>4</b>
Full Name of Designated			
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		e number	
	<b>Depositories:</b> List all banks or other depositories in which the couxes or maintains funds.	mmittee deposits funds, I	nolds accounts, rents
Name of Bank,	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 200	06
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_\_ **of** \_\_\_\_\_

(h). <b>Joint Fundraisin</b>			FEC. IF	number	C C00767871
1. LHEALTH JOBS	JUSTICE			number	C C00769109
2.					
3.				) number	C
4.			FEC ID	number	[C]
ame of Any Connected	Organization, Affiliate	ed Committee, Joint	Fundraising Rep	resentativ	e, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
		iliated Committee	Joint Fundraising	Represent	ative Leadership PAC Sp
				Represent	ative Leadership PAC Sp
esignated Agent: Identify				Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name				Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name   _   _   _				Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (p		al)	Represent	Ative Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (p	hone number – option	al)	STATE A	
esignated Agent: Identify  Full Name	by name, address (p	city A	al)  Telephone N	STATE A	
esignated Agent: Identify  Full Name	by name, address (p	city A	al)  Telephone N	STATE A	ZIP CODE A
Full Name	by name, address (p	city A	al)  Telephone N	STATE A	ZIP CODE A
Full Name	by name, address (p	city A	al)  Telephone N	STATE A	ZIP CODE A