Only

## STATEMENT OF

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FORM 1	ORM 1 ORGANIZATION							Office Use Only														
NAME OF     COMMITTEE (ir	n full)		Check if a				ample er the		ping, s.	type		12	2FE	4 M	-	Office	. 056	Only				_
DASS PAC																						
<u> </u>																						
ADDRESS (number a	nd stroot)	600 Peni	nsylvania A	Ave SI	E #15¹	180	1	1 1	1 1	ı	1 1	ı	1 1	1	1	1 1	1	1	1 1	ı	l l	ı
ADDRESS (number and street)  (Check if address																						
is changed	Washing	iton									1.0	C i		120	0003							
			TY 🛦									L	ATE	<b>.</b>	Ľ			 ZIP	. CO	DE ▲		╛
COMMITTEE'S E-MA	VII ADDDE	-00																				
COMMITTEES E-MA																						
is changed		dass@c	capcomplia	ance.	com																	
		Optional	Second E	E-Mail	Addı	ress																ı
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COMMITTEE'S WEB		•	•																			
★ (Check if a is changed)		https://de	emsofstate	org																		
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2. DATE 0		6 / Y	y y y 2021																			
3. FEC IDENTIFIC	CATION N	UMBER 🕨	•	С	C00	078558	34	_														
4. IS THIS STATEM	MENT	NEW	(N)	OF	ł	>	<	AME	NDE	D (A	)											
I certify that I have e	examined t	his Stateme	ent and to	the l	oest o	of my	know	/ledge	e and	belie	ef it	is tru	ie, c	orre	ct ar	nd co	ompl	lete.				
Type or Print Name	of Treasure	er <u>Zamore</u>	, Judith, , ,																			
Signature of Treasure	er Z <u>a</u> m	ore, Judith, ,	,									Date		0		′	18	D	Y	2024		Y
NOTE: Submission of	false, erron		omplete in			-				-	-					e pe	nalti	es of	52	U.S.C	. §30	109.
Office Use			For further information Federal Election Commi Toll Free 800-424-9530				nissic							_								

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 03/2022)	Page 2
ΤY	PE OF COMMITTEE:	
Ca	andidate 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 information below.)	the candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
Pa	arty Committee:	
(d)	This committee is a (National, State or subordinate) committee of the Republic	ratic, can, etc.) Party
Po	olitical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
	Corporation Corporation w/o Capital Stock Labo	or Organization
	Membership Organization Trade Association Coop	perative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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 (Hybric	I PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Jo	pint Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	02/2009)			Page <b>3</b>
V	/rite or Type Committee Name				
	DASS PAC				
6.		rganization, Affiliated Committee, Joint	Fundraising Repr	esentative, or Lead	ership PAC Sponsor
	NONE				
	Mailing Address				
		1	1		[-] [
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number opti	onal) and position o	of the person in posse	ession of committee
	Zamore, Ju	udith, , ,			
	Full Name				
	Mailing Address	600 Pennsylvania Ave SE #15180			
		Washington		DC 2000	03
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	nber 202 -	544 - 6960
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of tassistant treasurer).	the treasurer of the	committee; and the	name and address of
	Full Name Zamore, Ju	udith, , ,			1
	of Treasurer	600 Pennsylvania Ave SE #15180			
	Mailing Address				
		Washington		DC 2000	03
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	nber 202 -	544 - 6960

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	
Title or Position ▼	
Title or Position ▼	
Title or Position ▼	
Telephone number	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	
Name of Bank, Depository, etc.	
Amalgamated Bank  Mailing Address    1825 K St NW	
Washington DC 20006	
CITY ▲ STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, etc.	
Mailing Address	
CITY ▲ STATE ▲ ZIP CODE ▲	