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. Booker Kennedy Victory Fund 600 Pennsylvania Ave SE ADDRESS (number and street) #15180 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS adelberger@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2020 C00758623 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. Adelberger, Jean, , , Type or Print Name of Treasurer Adelberger, Jean, , , [Electronically Filed] 09 17 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cai	ndidate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Com	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)			gragated fund or party
(f)	ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	×	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
	Com	mittees Participating in Joint Fundraiser	
	1.	CORY BOOKER FOR SENATE FEC ID number C COOK	540500
	2.	AMY KENNEDY FOR CONGRESS FEC ID number C C007	32545
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	,	
Booker Kennedy	v Victory Fund	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in posse	ession of committee
Adelberger	Jean, , ,	
Full Name	,600 Pennsylvania Ave SE	
Mailing Address		
	<u> </u> #15180	
	Washington DC 20003	
Title or Position	CITY STATE ZI	P CODE
	Telephone number 202 - 54	44 6960
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name Adelberger, of Treasurer	Jean, , ,	
Mailing Address	600 Pennsylvania Ave SE	
Š		
	Washington DC 20003	
Tidle on Desider	CITY STATE ZI	P CODE
Title or Position		6960

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, [oxes or maintains funds. Depository, etc.	
Name of Bank, [
	Depository, etc. Amalgamated Bank	
Name of Bank, [Depository, etc. Amalgamated Bank	
Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW	ZIP CODE
Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	