FEC FORM 1		STATEMENT OF SECRETA THE SENATE 16 OCT -4 PM 12:0 36						
1. NAME OF COMMITTEE (in	full)	(Check if name Example: If typing, type is changed) Example: If typing, type 12FE4M5						
JUSTICE 2	016							
ADDRESS (number ar	nd street)	918 PENNSYLVANIA AVE SE						
☐ ◀ (Check if a is changed		WASHINGTON CITY A STATE A ZIP CODE A						
COMMITTEE'S E-MAIL ADDRESS								
☐ ◀ (Check if a is changed		zamore@capcompliance.com						
		Optional Second E-Mail Address						
COMMITTEE'S WEB (Check if a is changed	iddress	RESS (URL)						

40 5	3.	FΕ	C IDI	ENTIF	CATION	NUN	IBER ▶	C cod	575522		
ব জ	4.	IS	THIS	STATE	MENT		NEW (N)	OR	Z	AMENDED (A)	
003		rtify	that	I have	examine	ed this	Statement and	to the best o	f my knov	vledge and belief it is true, com	ect and complete.
\ 0	Туре	e or	Print	Name	of Trea	surer	Zamore, Judith,	, ,			

2016

2. DATE

Only

O Signature of Treasurer

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 Use Oct.

Office For further information contact: FEC FORM 1
Toll Free 800-424-9530 (Revised 06/2012)

Local 202-694-1100

This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Office

Sought:

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

Page 2

State

District

President

CO

00

FEC Form 1 (Revised 02/2009)

information below.)

TYPE OF COMMITTEE Candidate Committee:

(a)

(b)

(c)

Name of Candidate

Candidate

Party Affiliation

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						CITY					S	TATE			ZIP	CODE	•	
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		Zamore, J	udith, , ,															
	Full Name		• • •	ــــــــــــــــــــــــــــــــــــــ		111	1 1	1 1		1.1.		1 1	11		11	11		-
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	Title or Position					CITY					STA	Œ			ZIP	CODE		
	Treasurer		d addres:	s (phone	numbe	r optio	nal) of			one nu		nmitter	e; and	the n	1 1 ame a		dres	-
8.	Treasurer: List the any designated age	ent (e.g., a	assistant	treasure	١).													
8.	any designated age	e name and ent (e.g., a Zamore, Ji	assistant	treasure	1).													
8.	any designated age	ent (e.g., a	assistant	<u> </u>	.,. 		1.1		1.1.	1.1.	<u> </u>	1 1	11			1 1	l	نـ
8.	any designated age	ent (e.g., a	assistant udith, , ,	nnsylvan	! !	<u>L </u>	1.1.	<u> </u>		1.1.	1. I.		<u> </u>				1	نـ
8.	Full Name of Treasurer	ent (e.g., a	assistant udith, , ,	111	! !	<u> </u>	1.1	<u> </u>	1 1	<u> </u>	1 l l		1 1	<u> </u>			1	ن ر د
8.	Full Name of Treasurer	ent (e.g., a	assistant udith, , ,	nnsylvan	! !	<u> </u>			1 <u>1 </u>		1 1 1			20003			1	
8.	Full Name of Treasurer	ent (e.g., a	udith, , ,	nnsylvan	ia Ave S	E I I I			1 . I	1	L-L-L	L.L. DC J		20003	I I I	-L-L-CODE	1	

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Page 3

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

JUSTICE 2016

Mailing Address

201610040200394408

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011) Page 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. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🙇 STATE 4 ZIP CODE A [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address STATE CITY ZIP CODE Relationship: **Affiliated Committee** Connected Organization Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY . **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant MAGGIE FOR NH C00588772 FEC ID number

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011) Page **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. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY _ STATE 4 ZIP CODE . [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address STATE . ZIP CODE CITY Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address ZIP CODE Title or Position CITY 4 **STATE** Telephone number [ADDITIONAL] Joint Fundraiser Participant MISSOURIANS FOR KANDER C00572925 FEC ID number

00394410

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016100

Faxed or Hand Delivered

201610040200394412

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt or Postmark

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PHONE(202) 224-0322

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USPS FIRST CLASS MAIL	Postmark
USPS REGISTERED/CERTIFIED	
USPS PRIORITY MAIL	
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION L	ABEL
USPS EXPRESS MAILPostmark	
OVERNIGHT DELIVERY SERVICE:	
SHIPPING DATE NEXT BUSINESS DAY DELIVERY	
FEDERAL EXPRESS	
UPS	
DHL	
AIRBORNE EXPRESS	
RECEIVED FROM FEDERAL ELECTION COMMISSION Date of F	Receipt
POSTMARK ILLEGIBLE NO POSTMARK]



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