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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. Haaland Torres Small Victory Fund 918 Pennsylvania Ave SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zamore@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2018 C00682294 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 07 06 2018 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 Only

Local 202-694-1100

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		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 ididate		
	ididate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of ididate		
Par	rty Con	nmittee:	
(d)		· · ·	(Democratic, Republican, etc.) Party.
Pol	litical 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
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.	XOCHITL FOR NEW MEXICO FEC ID number C C006	666149
	2.	DEB HAALAND FOR CONGRESS FEC ID number C C006	39054
	3.	FEC ID number	
	4.		

	Manax	
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Write or Type Committee Name	Cmall Viotan, Fund	
	Small Victory Fund	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
	CITY	710.0005
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Identibooks and records.	fy by name, address (phone number optional) and position of the person	in possession of committee
Zamore, Ju	Jith, , ,	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC 20	0003
Tu 5 11		
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	-
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and t sistant treasurer).	he name and address of
Full Name Zamore, Jud of Treasurer	lith, , ,	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC 200	003
Talls on D. W	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 2
Name of Bank,		
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington DC 20006	ZIP CODF
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE