PAGE 1 / 4

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. Shaheen Jones 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 2019 C00713479 FEC IDENTIFICATION NUMBER > 3. 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 2019 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

TYPE OF COMMITTEE Candidate 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. (Cominformation below.) Name of Candidate	
(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. (Cominformation below.) Name of	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) Name of	
information below.) Name of	ploto the sensit-let-
	ipiete trie candidate
Candidate Party Affiliation Office Sought: House Senate President	State
(a) This was the second of the	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	/Dans-s- ''
· · · ·	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is
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)	egregated fund or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising 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.	vo 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.	vo or more political
Committees Participating in Joint Fundraiser	
SHAHEEN FOR SENATE	457325
DOUG JONES FOR SENATE COMMITTEE	640623
Z. []]]]]]]]]]	
3.	

FEC Form 1 (Revis	sed 02/2009)	 Page 3
Write or Type Committee N		
Shaheen Jon	es Victory Fund	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of t	the person in possession of committee
Zamo Full Name	re, Judith, , ,	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 544 - 6960
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	iittee; and the name and address of
Full Name Zamor of Treasurer	re, Judith, , ,	
Mailing Address	918 Pennsylvania Ave SE	
	Washington	20003
Title or Position	CITY STATE	
Treasurer	Telephone number	202 544 6960

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Amalgamated Bank 1825 K St NW Washington DC 20006	
	20000	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		1
mailing Address		
Mailing Address		
wailing Address		