Only

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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. Blumenthal for Connecticut 1111 Summer St, Ste 301 ADDRESS (number and street) c/o Cacace Tusch & Santagata (Check if address is changed) Stamford 06905 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://richardblumenthal.com/ (Check if address is changed) DATE 21 2022 C00492991 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] Date 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	EC Form 1 (Revised 03/2022)	Page 2
	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. (Complete the information below.)	candidate
	Name of Candidate Blumenthal, Richard, , ,	
	Candidate Party Affiliation DEM Office Sought: House Fresident	State CT District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, or	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 (Hybrid PAC) .
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	
	C	

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٧	Vrite or Type Committee Name					
	Blumenthal for	Connection	eut			
6.	Name of Any Connected O Blumenthal Victory F	=	ed Committee, Joint	Fundraising Repre	esentative, or	Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania	Ave SE			
		#15180				
		Washington			DC	20003
			CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization A	filiated Organization	✗ Joint Fundraising	Representative	Leadership PAC Spons
7.	Custodian of Records: Ident books and records.	tify by name, address	s (phone number opt	ional) and position o	f the person in	possession of committee
	Zamore, Ju	udith, , ,				
	Full Name					
	Mailing Address	600 Pennsylvania A	Ave SE			
		#15180				
		Washington			DC	20003
			CITY A		STATE ▲	ZIP CODE ▲
	Title or Position ▼					
	Treasurer			Telephone num	ber	
8.	Treasurer: List the name an any designated agent (e.g.,		umber optional) of	the treasurer of the	committee; and	d the name and address of
	Full Name Zamore, Ju	udith, , ,				
	of Treasurer					
	Mailing Address	600 Pennsylvania	Ave SE			
		#15180				
		Washington			DC	20003
			CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼					
	Treasurer			Telephone num	ber 202	

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Full Name of Designated Agent		
Mailing Addre	ess	
Title or Positi	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	ner Depositories: List all banks or other depositories in which the committee deposits fundations to boxes or maintains funds.	s, holds accounts, rents
Name of Ban	k, Depository, etc.	
Mailing Addre	Citizens Bank	
Maining Addition		
	Stamford	06901
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Ban	k, Depository, etc.	
	Amalgamated Bank	
Mailing Addre	ss [1825 K St NW	
	Washington DC 2	20006
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Nutmeg DSCC V	ictory Fund		
	120 Maryland Ave NE		
Mailing Address			
	Weekington	DC	20002
Data Consider	Washington	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A