## 15020235625

FEC FORM 1

## STATEMENT OF ORGANIZATION

SECR	ETARECE	IVED, THE SENATE
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			Off	ice Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Hagan Coons V	ictory Fund			ı
ADDRESS (number and street)	600 Pennsylvania Ave SE		1 1 1 1 1	
(Check if address is changed)	Suite 210	<u> </u>	DC   200	03
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e- zamore@capcomplia	· ·	<u> </u>	
is changed)  COMMITTEE'S WEB PAGE AD	DRESS (URL)	<del></del>		
(Check if address is changed)				
2. DATE 05 02	B N 31			
3. FEC IDENTIFICATION N	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief	t is true, correct and	complete.
Type or Print Name of Treasure	r Judith Zamore			
Signature of Treasurer Judith 2	zamby de (	rfune	Date 05	03 2013
NOTE: Submission of false, errone	eous, or incomplete information of ANY CHANGE IN INFORMATION			penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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.

(National, State

or subordinate) committee of the

Office

Sought:

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

Senate

Page 2

State

District

(Democratic,

Republican, etc.) Party.

President

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information below.)

This committee is a

TYPE OF COMMITTEE Candidate Committee:

(a)

(b)

(c)

(d)

Name of Candidate

Name of Candidate

Candidate

Party Affiliation

**Party Committee:** 

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FFC	Form	1	(Revised	02/2009

FEC Form 1 (Revis	sea 02/2009)	,	Page 3
Write or Type Committee N	lame		
Hagan Coons	S Victory Fund		
	ed Organization, Affiliated Committee, Jo	oint Fundraising Representative, or	Leadership PAC Sponsor
NONE			
			<del></del>
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: books and records.</li> </ol>	Identify by name, address (phone number	optional) and position of the perso	on in possession of committee
l l	Zamore		,
Full Name	,600 Pennsylvania Ave SE		
Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ste 210		
	Washington	DC	20003
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	
Treasurer: List the name any designated agent (e.	and address (phone number optional) og., assistant treasurer).	of the treasurer of the committee; and	d the name and address of
Full Name Judith of Treasurer	Zamore		
Mailing Address	600 Pennsylvania Ave SE		
	Ste 210		
	Washington CITY	DC STATE	20003 ZIP CODE
Title or Position Treasurer		Telephone number	J <b>-</b> L

DANA K. MCCALLUM SUPERINTENDENT

Hart Senate Office Building Suite 232 Washington, DC 20510–7116 Phone: (202) 224–0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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OTHERDate of Receipt or Postmark

1502023362

DATE PREPARED <u>5-3-13</u>



