| Image# 201807319119336629 | | | | 0//31/2018 14 : 23 |
|-----------------------------------|--|---|------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | PAGE 1 / 4 — |
| | | | | ice Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Democrats Unite | ed 2018 | | | |
| | | | | |
| | | | | |
| DDRESS (number and street) | 918 Pennsylvania Ave SE | | | |
| (Check if address is changed) | 1 | | | |
| is changed) | Washington | | DC 2000 | 03 |
| | | | L L_⊥_ STATE ▲ | |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| Check if address | zamore@capcomplian | ce.com | | |
| is changed) | | | | |
| | Optional Second E-Mail Ad | | | |
| | | | | |
| (Check if address is changed) | | | | |
| | 31 ⁷ 2018 | | | |
| . FEC IDENTIFICATION N | | 00684076 | | |
| r | | | | |
| . IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief i | t is true, correct and | complete. |
| | _ | | | |
| ype or Print Name of Treasu | rer Zamore, Judith, , , | | | |
| ignature of Treasurer | nore, Judith, , , | [Electronically Filed] | Date 07 | D D / Y Y Y Y 31 2018 |
| OTE: Submission of false, erro | neous, or incomplete information ANY CHANGE IN INFORMAT | may subject the person signing | | penalties of 2 U.S.C. §437g |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

07/31/2018 14 : 23

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|---|--|
| 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. (Compinformation below.) | plete the candidate |
| Name of Candidate | |
| Candidate Office Sought: House Senate President | State |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| Party Committee: | |
| | Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected 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 sec committee. (i.e., nonconnected committee) | gregated 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. | 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 |
| Committees Participating in Joint Fundraiser | |
| DOYLE FOR CONGRESS COMMITTEE | 290064 |
| 2. BOB CASEY FOR SENATE INC | 31056 |
| 3 FEC ID number C | |
| 4. | |

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Write or Type Committee Name

Democrats United 2018

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

| Mailing Address | | | |
|-------------------------|---|--------------------|------------------------|
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraisi | ing Representative | Leadership PAC Sponsor |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Zamo | re, Judith, , , |
|-------------------|-------------------------------|
| Full Name | |
| Mailing Address | 918 Pennsylvania Ave SE |
| | |
| | Washington DC 20003 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | Zamore, Judith, , , |
|--------------------------------|-------------------------------|
| Mailing Address | 918 Pennsylvania Ave SE |
| | [|
| | Washington DC 20003 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | 1 | | | 1 | | | I | | 1 | | | _ |
|-------------------------------------|--|---|--|--|---|---|---|---|----|----|--|--|------|-----|------|------|-----|-----|-----|---|---|---|----|-----|----|---|--|---|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 | 1 | 1 | 1 | | | | | | | | | | | I | | | 1 | | 1 |]- | | | |
| | | | | | | | | | CI | ΓY | | | | | | | | ST/ | λΤΕ | | | | ZI | > C | OD | Ε | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tele | eph | ione | e ni | umt | ber | | | _ | | | | | | | |

9. 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.

Name of Bank, Depository, etc.

| Am | algamated Bank | | |
|----------------------|----------------|-------|----------|
| Mailing Address | 1825 K St NW | | |
| | | | |
| | Washington | | 20006 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Deposi | tory, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |