FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE

13 APR 11 PM 2: 08

(Revised 02/2009)

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Arkansas Senate Victory Fund 600 Pennsylvania Ave SE ADDRESS (number and street) Suite 210 (Check if address is changed) 20003 Washington DC CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) zamore@capcompliance.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 80 TO 2. DATE **FEC IDENTIFICATION NUMBER** 4. 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. Judith Zamore Type or Print Name of Treasurer Judith Zamore 2013 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

Toll Free 800-424-9530

Local 202-694-1100

P	a	a	e	2

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		DMMITTEE	
Cend		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. (Compleinformation below.)	ete the candidate
Name Candid		<u> </u>	
Candid Party	dete Affiliatio	n Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	/ Com	mittee:	
(d)			emocratic, epublican, etc.) Party
Politi	cal A	tion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
		Corporation Corporation w/o Capital Stock	_abor Organization
			-abor 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 segrecommittee. (i.e., nonconnected committee)	egated 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.)	
Joint	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.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political
		committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	nittees Participating in Jojnt Fundraiser	
	1.	MARK PRYOR FOR US SENATE FEC ID number C C0036	क्या (त्यान्य) व्याप्त व्याप्त 6401
	2.	DEMOCRATIC PARTY OF ARKANSAS FEC ID number C C0002	4372
	3.	FEC ID number	
			entimental Committee in The Trick Street in the Application
	4.	FEC ID number	

Write or Type Committee Name	
Arkansas Senat	e Victory Fund
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	I
	CITY STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in possession of committee
Judith Zam Full Name Mailing Address	ore 600 Pennsylvania Ave SE
,	Suite 210
	Washington DC 20003
Title or Position	CITY STATE ZIP_CODE
Treasurer	Telephone number
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).
Full Name Judith Zamo	ore
Mailing Address	[600 Pennsylvania Ave SE
	Suite 210
	Washington DC 20003 CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

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Full Name of Designated Agent		1.	
Mailing Address			
		<u> </u>	
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	CITY	STATE	ZIP CODE
Title or Position	Telepho	one number	
Banks or Other Depo safety deposit boxes or	ositories: List all banks or other depositories in which the or maintains funds.	committee deposits fu	nds, holds accounts, rents
Name of Bank, Depos	itory, etc.		
PN	IC Bank	<u> </u>	<u> </u>
Mailing Address	650 Pennsylvania Ave SE		
		 	
	Washington	DC DC	20003
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
1			1 1 1 1 1 1 1 1 1 1 1
Mailing Address			
	CITY	STATE	ZIP CODE

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	Postmarked
USPS Express Mail	
Postmark Illegible	
No Postmark	·
	Shipping Date
Overnight Delivery Service (Specify):	ompang bato
Next Busine	ess Day Delivery
	Date of Receipt
Received from House Records & Registration Office	
	Date of Receipt
Received from Senate Public Records Office	4/11/3
	Date of Receipt
Received from Electronic Filing Office	·
l 	Receipt or Postmarked
Other (Specify):	_
P	
	41/7/13
PREPARER	DATE PREPARED
(3/2005)	

(3/2005)