**FEC** 

Only

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Three for the Majority 600 Pennsylvania Ave SE #15180 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@capcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00873042 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. Type or Print Name of Treasurer Zamore, Judith, , Date 03 12 2024 Signature of Treasurer Zamore, Judith, , , 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

FEC	Form	(Revised 03/2022)		Page <b>2</b>
i.	TYPE C	F COMMITTEE:		
	Candid	ate Committee:		
	(a)	This committee is a principal campaign committee. (Complete the candidate informat	ion b	pelow.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee.	(Complete the candidate
	Name Candid			
	Candid Party	date Office Sought: House Senate	Pr	State esident District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized cor	nmitt	ee.
	Nam Can	e of lidate	I	
	Party (	Committee:		
	(d)	This committee is a (National, State or subordinate) committee of the		(Democratic, Republican, etc.) Party
	Politica	Il Action Committee (PAC):		
	(e)	This committee is a separate segregated fund. (Identify connected organization on lir	ne 6.	) Its connected organization is a:
		Operation w/s Operation w/s Operation		Lahan Omanizatian
		Corporation Corporation Corporation Corporation Wo Capital Stock		Labor Organization
		Membership Organization Trade Association		Cooperative
	<b>—</b>	In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	epar	ate segregated 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	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 ac	ccou	nts (Hybrid PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.		
	Joint F	undraising Representative:		
	(i) X	This committee collects contributions, pays fundraising expenses and disburses net processing committees committees are least one of which is an authorized committee of a federal committee.		·
	(j)	This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, none of which is an authorized committee of a federal can	oroce	eds for two or more political
	Com	mittees Participating in Joint Fundraiser		
		FRIENDS OF SHERROD BROWN	С	C00264697
		GALLEGO FOR ARIZONA	С	C00558627
	9		_	

	FEC Form 1 (Revised 0	)2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	Three for the Ma	•		
6.		rganization, Affiliated Committee, Join	nt Fundraising Representat	ive, or Leadership PAC Sponsor
	NONE			
	Mailing Address			
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number o	ptional) and position of the pe	rson in possession of committee
	Zamore, Ju	udith, , ,		
	Full Name			
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC	
		CITY A	STATE	▲ ZIP CODE ▲
	Title or Position ▼		- · · · · -	
	Treasurer		Telephone number	202 - 544 - 6960
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o assistant treasurer).	of the treasurer of the commi	ttee; and the name and address of
	Full Name Zamore, Ju	udith, , ,		ı
	of Treasurer	C00 Danas duaria Ava CF #45400		
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington	DC	20003
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	202 - 544 - 6960

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated		g
Agent		
Mailing Address		
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲
	Telephor	ne number
	Depositories: List all banks or other depositories in which the cores or maintains funds.	ommittee deposits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K St NW	
	Washington	DC   20006   -   -     -
	CITY A	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY A	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** 5\_\_\_

or(h). <b>Joint Fundrais</b>	ing Participant:		
1. ROSEN FOR NEVAL	<u> </u>	FEC ID number	C C00606939
2. OHIO DEMOCRAT	IC PARTY - FEDERAL	FEC ID number	C C00016899
3. NEVADA STATE DE	MOCRATIC PARTY	FEC ID number	C C00208991
4. ARIZONA DEMOCR	ATIC PARTY	FEC ID number	C C00166710
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	L I I I I I I I I I I I I I I I I I I I	CTATE A	7ID CODE 4
neiationship.	CITY	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name   _   _	CITY A	STATE   Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  Cories: List all banks or other depositories in which analytical straight s	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or response to the position of the p	CITY ▲  Cories: List all banks or other depositories in which analytical straight s	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or response to the position of the p	CITY ▲  Cories: List all banks or other depositories in which analytical straight s	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or response to the position of the p	CITY ▲  Cories: List all banks or other depositories in which analytical straight s	Telephone Number	s funds, holds accounts, rents