PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) New Mexico Grassroots Victory Fund PO Box 15293 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zamore@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00540211 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. Judith Zamore Type or Print Name of Treasurer Judith Zamore [Electronically Filed] 03 2014 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. **FEC FORM 1** (Revised 06/2012)

| | Office | | | For further information contact: |
|---|--------|--|--|----------------------------------|
| . | Use | | | Federal Election Commission |
| | | | | Toll Free 800-424-9530 |
| | Only | | | Local 202-694-1100 |

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|-----------------------------|--|---|--|--|--|--|
| | COMMITTEE e 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 candidate information below.) | | | | | |
| Name of Candidate | | | | | | |
| Candidate Party Affiliat | tion Office Sought: House Senate President | State | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name of Candidate | | | | | | |
| Party Cor | | Domooyatia | | | | |
| (d) | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. | | | | |
| Political A | Action Committee (PAC): | | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | nected organization is a: | | | | |
| | 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 segregated fund or part committee. (i.e., nonconnected committee) | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| Joint Fund | draising Representative: | | | | | |
| (g) X | 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 | | | | |
| Com | nmittees Participating in Joint Fundraiser | | | | | |
| 1. | Udall for Us All Coos | 29896 | | | | |
| 2. | Democratic Party of New Mexico | 61810 | | | | |
| 3. | Southwest Leadership Fund FEC ID number C C004 | 71334 | | | | |
| 4. | | | | | | |

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|---|------------------------------|--|--|--|--|
| Write or Type Committee Name | raye 3 | | | | |
| New Mexico Grassroots Victory Fund | | | | | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or I | Leadership PAC Sponsor | | | | |
| | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| CITY STATE | ZIP CODE | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor | | | | |
| . Custodian of Records: Identify by name, address (phone number optional) and position of the perso books and records. | n in possession of committee | | | | |
| Judith Zamore | 1 | | | | |
| Full Name PO Box 15293 | | | | | |
| Mailing Address | | | | | |
| Washington | 20003 | | | | |
| Title or Pecition CTATE | 7ID 00DE | | | | |
| Title or Position CITY STATE | ZIP CODE | | | | |
| Treasurer Telephone number | | | | | |
| 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 Judith Zamore of Treasurer | | | | | |
| Mailing Address PO Box 15293 | | | | | |
| | | | | | |
| Washington DC | 20003 | | | | |
| CITY STATE Title or Position Treasurer Tolophono number | ZIP CODE | | | | |
| | | | | | |

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|---|----------------------------|---------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent | Marissa Burik | | | | | |
| Mailing Address | PO Box 15293 | | | | | |
| | Weakington | 20002 | | | | |
| | Washington DC CITY STATE | ZIP CODE | | | | |
| Title or Position Asst. Treasurer | | | | | | |
| 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. | | | | | | |
| | PNC | | | | | |
| Mailing Address | 650 Pennsylvania Ave. SE | | | | | |
| | Washington DC | , 120003 | | | | |
| | Washington | | | | | |
| | CITY STATE | ZIP CODE | | | | |
| Name of Bank, D | Depository, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE | ZIP CODE | | | | |