## PAGE 1 / 4 -STATEMENT OF **FEC ORGANIZATION** FORM 1 2018 JUL PM 12: 15ffice Use Only NAME OF Example: If typing, type (Check if name COMMITTEE (in full) is changed) over the lines. Blue Senate 2018 918 Pennsylvania Ave SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC ZIP CODE ▲ CITY A STATE 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) 2018 DATE C00631960 FEC IDENTIFICATION NUMBER ▶ × 4. IS THIS STATEMENT OR NEW (N) 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, , ,

NOTE: Submission of false, erroneous of 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 Use Only

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(1) (2) (4)

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9 -1 () Signature of Treasurer

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

Date

FEC FORM 1 (Revised 06/2012)

2018

| FE                | EC Fo  | rm 1 (Revised 02/2009)  | Page 2                                  |
|-------------------|--------|---|---|
|                   |        | OMMITTEE  |   |
|                   | iidate | Committee:  |   |
| (a)               |        | This committee is a principal campaign committee. (Complete the candidate information below.)   | •                                       |
| (b)               | Ц      | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)   | plete the candidate                     |
| Name<br>Candid    |        |   |   |
| Candid<br>Party / |        | Office Sought: House Senate President   | State                                   |
| (c)               |        | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |
| Name<br>Candid    |        |   | 1                                       |
| Party             | / Con  | nmittee:  | /D                                      |
| (d)               |        | This committee is a (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party |
| Politi            | cal A  | ction Committee (PAC):  | •                                       |
| (e)               |        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-   | 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 secommittee. (i.e., nonconnected committee)  | gregated 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo 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    | mittees Participating in Joint Fundraiser   |   |
|                   | 1.     | Menendez for Senate   | 264564                                  |
|                   | 2.     | Bill Nelson for US Senate C C00   | 344051                                  |
|                   | 3.     | Donnelly for Indiana C C00  | 393652                                  |
|                   | 4.     |   | 4 4 4 4                                 |

|    | books and recor   | ecords: Identify by name, address (phone number optional) and position ds. | n of |  |  |
|----|---|--|------|--|--|
|    | Full Name   | Zamore, Judith, , ,  | ·I   |  |  |
|    | Mailing Address   | 918 Pennsylvania Ave SE  | ш    |  |  |
|    |   |  | ب    |  |  |
|    |   | Washington .   | L    |  |  |
|    | Title or Position   | CITY   | STAT |  |  |
|    | Treasurer  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the commany designated agent (e.g., assistant treasurer). |  |      |  |  |
| 8. |   |  | com  |  |  |
| 8. |   |  | comi |  |  |
| 8. | any designated a  | agent (e.g., assistant treasurer).   | com  |  |  |
| 8. | any designated a<br>Full Name<br>of Treasurer   | Zamore, Judith, , ,  | comi |  |  |
| 8. | any designated a<br>Full Name<br>of Treasurer   | Zamore, Judith, ,  | L D  |  |  |

|  |  | _                                      |
|--|--|--|
| FEC Form 1 (Revis  | ed 02/2009)  | Page 3                                 |
| Write or Type Committee N  |  | Page 3                                 |
| Blue Senate 2  |  |  |
|  | d Organization, Affiliated Committee, Joint Fundraising Represen                         | stativa or Landarchia DAC Caranari     |
| •  | u Organization, Anniated Committee, Joint Fundraising Represen                           | native, or Leadership PAC Sponsor      |
| NONE   |  |  |
|  | 1  |  |
| Mailing Address  |  |  |
| J  |  |  |
|  |  | .                                      |
|  | CITY ST  | ATE ZIP CODE                           |
|  | <u> </u>   |  |
| Relationship: Conne  | cted Organization Affiliated Committee Joint Fundraising Repr                            | resentative Leadership PAC Sponso      |
|  |  |  |
| <ol> <li>Custodian of Records:<br/>books and records.</li> </ol> | dentify by name, address (phone number optional) and position of                         | f the person in possession of committe |
|  | e, Judith, , ,   |  |
| Full Name LIL  | 918 Pennsylvania Ave SE  |  |
| Mailing Address  |  |  |
|  | Washington D   | C. 20003                               |
|  | wasnington   |  |
| Title or Position  | CITY STAT  | TE ZIP CODE                            |
| Treasurer  | Telephone number   |  |
|  |  |  |
| 8. <b>Treasurer:</b> List the name any designated agent (e.      | and address (phone number optional) of the treasurer of the comp., assistant treasurer). | mittee; and the name and address of    |
|  | e, Judith, , ,   |  |
| of Treasurer   | J918 Pennsylvania Ave SE   |  |
| Mailing Address  |  |  |
|  |  |  |
|  | Washington   |  |
| Title or Position  | *CITY STAT   | TE ZIP CODE                            |
| Treasurer  | Telephone number   |  |
| 1  |  |  |

| FEC Fo                           | rm 1 (Revised 02/2009)  | Page 4                      |
|----------------------------------|---|-----------------------------|
| Full Name of Designated Agent    | Solander, Kristin,  |                             |
| Mailing Address                  | 918 Pennsylvania Ave SE   |                             |
|                                  | Washinfton DC CITY STATE  | 20003<br>                   |
| Title or Position Assistant Trea |   | ـــا-لــــا                 |
| safety deposit                   | er <b>Depositories</b> : List all banks or other depositories in which the committee deposits fu boxes or maintains funds. , Depository, etc. | inds, holds accounts, rents |
|                                  | ıAmalgamated Bank   |                             |
|                                  |   |                             |
| Mailing Addres                   | ,1825 K St NW   |                             |
| Mailing Addres                   | ,1825 K St NW   | 20006                       |
| Mailing Addres                   | s1825 K St NW   | 20006                       |
|                                  | s 1825 K St NW  Washington DC   |                             |
|                                  | s 1825 K St NW  Washington DC  CITY STATE   | ZIP CODE                    |
|                                  | s 1825 K St NW  Washington DC  CITY STATE  Depository, etc.   |                             |
| Name of Bank,                    | s 1825 K St NW  Washington DC  CITY STATE  Depository, etc.   | ZIP CODE                    |
| Name of Bank,                    | s 1825 K St NW  Washington DC  CITY STATE  Depository, etc.   | ZIP CODE                    |

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