## FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 AUG 14 PM 12: 27

					<u> </u>	Office Use Only	
NAME OF     COMMITTEE (in full)		(Check if name is changed)		nple:If typing, type the lines.	12FE4M5		
2018 Senate IMPACT							
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					<u> </u>		
ADDRESS (number and street)	918 Per	nnsylvania Ave SE	1 1 1.				
(Check if address	1						
is changed)	, Washir	aton			, DC	20003	
			Ц.				
	(	CITY A			STATE ▲	ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRESS							
(Check if address is changed)	zamoi	re@capcomplian	nce.com				
is changed)	Ontions	I Second E-Mail Ac	ddress	<del></del>	· · · · · · · · · · · · · · · · · · ·	househout Lankonsolm. L.	
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COMMITTEE'S WEB PAGE ADD	)RESS (U	JRL)					
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2. DATE 08 13		2018					
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해. 경. FEC IDENTIFICATION NU	MBER		200660639	<u></u>			
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. IS THIS STATEMENT	NEV	V (N) OR	×	AMENDED (A)			
certify that I have examined thi	is Statem	ent and to the best	t of my kr	nowledge and belief it	is true, correct	and complete.	
				-		·	
Type or Print Name of Treasurer	Zamore	e, Judith, , ,					
90 40	1		$\triangle u$		FMTVN		
Signature of Treasurer Zamor	e, Todich )	MOUCH Y	/ AU	M	Date 08	13 2018	
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 Use			l	For further information c Federal Election Commissi		FEC FORM 1	
Only				Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)	

FI	C Fo	rm 1 (Revised 02/2009) Page 2						
		COMMITTEE						
Cano	lidate	e Committee:						
(a)	Ц	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 Candid								
Candid Party		Office State  Sought: House Senate President  District	-					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Candid			1 1					
Party	Con	nmittee:						
(d)		This committee is a (National, State (Democratic, Republican, etc.)	Part					
Politi	cal A	Action Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is					
		Corporation Corporation w/o Capital Stock Labor Organiza	ition					
		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 committee. (i.e., nonconnected committee)	part					
		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)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
(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	nmittees Participating in Joint Fundraiser						
	1.	Donnelly for Indiana FEC ID number C C00393652						
	2.	Bill Nelson for US Senate C C00344051	-					
	3.	Rosen for Nevada C C00606939						
	4.	Sinema for Arizona C C00508804	-					

FEC Form 1 (Revis		Page <b>3</b>
Write or Type Committee N		
2018 Senate	IMPACI	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leadership PAC Sponsor
NONE		
I		<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>
Marka Address		<del>                                     </del>
Mailing Address		<del>                                     </del>
	CITY	STATE ZIP CODE
. Custodian of Records:	Identify by name, address (phone number optional) and position	n of the person in possession of committ
. Custodian of Records:	identify by name, address (phone number optional) and position	n of the person in possession of committe
books and records.		
Zamo	re, Judith, , .	
Zamoi Full Name	re, Judith, , ,	<del>                                     </del>
Zamo		
Zamoi Full Name	918 Pennsylvania Ave SE	DC20003
Zamoi Full Name		DC 20003
Zamoi Full Name	918 Pennsylvania Ave SE	DC 20003 - I
Full Name  Mailing Address  Title or Position	918 Pennsylvania Ave SE	STATE ZIP CODE
Zamor Zamor Full Name LLL Mailing Address  Title or Position	918 Pennsylvania Ave SE  Washington  CITY  Telephone number optional) of the treasurer of the company of the treasurer of t	STATE ZIP CODE er
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (e.	918 Pennsylvania Ave SE  Washington  CITY  Telephone number optional) of the treasurer of the company of the treasurer of t	STATE ZIP CODE er
Full Name  Title or Position  Treasurer: List the name any designated agent (e. Full Name  Zamor	918 Pennsylvania Ave SE  Washington  CiTY  Telephone number and address (phone number optional) of the treasurer of the cig., assistant treasurer).	STATE ZIP CODE er
Treasurer: List the name any designated agent (e. Full Name of Treasurer	918 Pennsylvania Ave SE  Washington  CITY  Telephone number and address (phone number optional) of the treasurer of the cg., assistant treasurer).  e, Judith,  918 Pennsylvania Ave SE	STATE ZIP CODE er
Treasurer: List the name any designated agent (e. Full Name of Treasurer	918 Pennsylvania Ave SE  Washington  CiTY  Telephone number and address (phone number optional) of the treasurer of the cg., assistant treasurer).  e, Judith,  918 Pennsylvania Ave SE  Washington  Washington	ETATE ZIP CODE  er  committee; and the name and address of
Treasurer: List the name any designated agent (e. Full Name of Treasurer	918 Pennsylvania Ave SE  Washington  CiTY  Telephone number and address (phone number optional) of the treasurer of the cg., assistant treasurer).  e, Judith,  918 Pennsylvania Ave SE  Washington  Washington	ETATE ZIP CODE  er

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Full Name of Designated Agent	știn Solander	
Mailing Address	918 Pennsylvania Ave SE	
	Washington [DC	
Title or Position  [Assistant Treas		
Banks or Other Depo- safety deposit boxes or Name of Bank, Deposi		posits funds, holds accounts, ren
<u>ı</u> An	nalgamated Bank,,,,,,,,,,,,,,,	
Mailing Address	[1825,K,St NW	
	[Waşhington] [D0	20006, ]-[_
	CITY STAT	E ZIP CODE
Name of Bank, Deposi	ory, etc.	
ـــــ		
Mailing Address		
	CITY STAT	E ZIP CODE

## Faxed or Hand Delivered

HART SENATE OFFICE BUILDING SUITE 232

## United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 .
PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

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