| Image# 201807309119332903 | | | | PAGE 1 / 4 |
|---|---|---|-----------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | 1 AOL 17 4 - |
| | | | | Office Use Only |
| I. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| McCaskill Sinem | a Victory Fund | | | |
| | | | | |
| | 918 Pennsylvania Ave SE | | | |
| ADDRESS (number and street) | | | | |
| is changed) | | | | |
| | Washington | | | 0003 |
| | CITY ▲ | | STATE A | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRI | ESS | | | |
| (Check if address is changed) | zamore@capcomplian | | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| (Check if address is changed) | | | | |
| | D / Y Y Y Y 2018 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C C | :00683995 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| certify that I have examined t | this Statement and to the best | of my knowledge and balief | it is true correct of | nd complete |
| contry that i have chammed i | | . of my knowledge and beller | | na complete. |
| Type or Print Name of Treasure | Er Zamore, Judith, , , | | | |
| Signature of Treasurer | ore, Judith, , , | [Electronically Filed] | Date 07 | / D D / Y Y Y 30 / 2018 |
| NOTE: Submission of false, error | neous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing | | ne penalties of 2 U.S.C. §437 |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

07/30/2018 13 : 49

| FE | EC For | m 1 (Revised 02/2009) | Page 2 |
|-------------------|--------------------|---|--|
| . TYPE | OF CO | DMMITTEE | |
| Cand | lidate | 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. (Compinformation below.) | plete the candidate |
| Name Candid | | | |
| Candid Party A | date Affiliatic | n Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candid | | | |
| Party | / Com | mittee: | |
| (d) | | | (Democratic, Republican, etc.) Party. |
| Politi | cal Ac | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | 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 se committee. (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) | x | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 tw committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | 0.0 | aittean Dartiainating in Jaint Europainan | |
| | Comr | nittees Participating in Joint Fundraiser | |
| | 1. | | 431304 |
| | 2. | | 508804 |
| | 3. | | 35558 |
| | 4. | | 66710 |

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

McCaskill Sinema Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address | | | |
|-------------------------|---------------------------------------|--------------------------------|---------------------------|
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee J | oint Fundraising Representativ | ve Leadership PAC Sponsor |
| | · · · · · · · · · · · · · · · · · · · | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Zamore, J | udith, , , |
|-------------------|-------------------------------------|
| Full Name | |
| Mailing Address | 918 Pennsylvania Ave SE |
| | |
| | Washington DC 20003 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number |

8. **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 of Treasurer | Zamore, Judith, , , |
|--------------------------------|---|
| Mailing Address | 1918 Pennsylvania Ave SE |
| | |
| | Washington DC 20003 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | 1 | | 1 | 1 | | | I | | 1 | | | _ |
|-------------------------------------|--|---|--|--|---|---|---|---|----|----|--|--|------|-----|------|------|-----|-----|-----|---|---|---|----|-----|----|---|--|---|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 | I | 1 | 1 | | | | | | | | | | | I | | | 1 | | 1 |]- | | | |
| | | | | | | | | | CI | ΓY | | | | | | | | ST/ | λΤΕ | | | | ZI | > C | OD | Ε | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tele | eph | ione | e ni | umt | ber | | | _ | | | | | | | |

9. 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.

| Amalg | amated Bank | | |
|---------------------------|--------------|-------|----------|
| Mailing Address | 1825 K St NW | | |
| | | | |
| | Washington | | 16 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |