Image# 20	240307962234590	6
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03/07/2024 16 : 15

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FEC FORM 1		STATEMEN ORGANIZA			Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Fair Shot PA					
ADDRESS (number ar	nd street)	600 Pennsylvania Ave SE #15	5180		
(Check if a is changed					
	, ,	Washington └── └── └── └── └── └── └── └── └── └──		DC 2 STATE ▲	20003
COMMITTEE'S E-MA	IL ADDRE	SS			
(Check if a is changed		fec@capcompliance.com			
		Optional Second E-Mail Add	lress		
(Check if a is changed)					
2. DATE 03					
3. FEC IDENTIFIC	CATION NU	JMBER ► C co	0574970		
4. IS THIS STATEM	IENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e Type or Print Name of		nis Statement and to the best ^r Zamore, Judith, , ,	of my knowledge and belief it	is true, correct a	ind complete.
Signature of Treasure	er Zamo	pre, Judith, , ,		Date	/ D D / Y Y Y Y 07 2024
NOTE: Submission of t	false, erron		nay subject the person signing ION SHOULD BE REPORTED		he penalties of 52 U.S.C. §30109.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	- EC Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate 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 c information below.)	candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) 🔲 This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, et al.)	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	organization is a:
	Corporation Corporation w/o Capital Stock	anization
	Membership Organization Trade Association Cooperativ	е
	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 f committee. (i.e., nonconnected committee)	und or party

In addition, this committee is a Lobbyist/Registration	nt PAC.
--	---------

X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

This committee is an independent expenditure-only political committee (Super PAC). (g)

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

2.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С

Write or Type Committee Name

Fair Shot PAC

6.	Name of Any Connected Or	ganization, Affiliated	Committee,	Joint I	Fundrais	ing Re	presentative, o	r Leadershi	p PAC Spons	or
	Clark, Katherine, , ,									
	Mailing Address	600 Pennsylvania Ave	SE		1 1					
		Unit 15180								
		Washington						20003		
			CITY 🔺				STATE ▲	Z	IP CODE 🔺	
	Relationship: Connected	Organization Affilia	ted Organizat	ion	Joint	Fundrais	ing Representativ	ve 🗙 Lea	adership PAC S	Sponsoi

Page 3

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

Zamore	e, Judith, , ,		
Full Name			
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC 20003	
	CITY 🔺	STATE A	ZIP CODE
Title or Position ▼			
Treasurer	Te	elephone 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	600 Pennsylvania Ave SE #15180
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Nissen, Melissa, , ,	
Mailing Address	600 Pennsylvania Ave SE #15180	
	Washington DC 20003	
	CITY ▲ STATE ▲ Z	IP CODE ▲
Title or Position	7	
Assistant Treasur	rer Telephone number	

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.

Į	Amalgamated Bank			
Mailing Address	1825 K St NW			
	Washington			
			STATE A	ZIP CODE ▲
Name of Bank, De	epository, etc.			
Mailing Address				
		CITY A	STATE ▲	ZIP CODE ▲

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5(g)or(h). Joint Fu	ndraising Participant:			
1. 📘 📋 👘		FEC ID r	number C	
2.		FEC ID r	number C	
3.		FEC ID r	number C	
4.		FEC ID r	number C	
	nected Organization, Affiliated Committee,	Joint Fundraising Repre	sentative, or Le	adership PAC Sponsor
Katherine Cla	k Majority Fund			
Mailing Addr	ess 600 Pennsylvania Ave SE #15180			
	Washington		DC 20	003
Relationship:	CITY A	S		
C	onnected Organization	e 🗙 Joint Fundraising F	Representative	Leadership PAC Sponsor
8. Designated Agent	: Identify by name, address (phone number -	- optional)		
Full Name				
Mailing Addres	s			
	1			
		1		
TITLE OR PC		ST		
		Telephone Num	ber .	- -
9. Banks or Other D safety deposit boxe	epositories: List all banks or other depositor as or maintains funds.	ies in which the committee	e deposits funds,	holds accounts, rents
Name of Bank, Depository, etc.				
Mailing Add	ress			

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5(g) or	(h). Joint Fundraising	y Participant:			
	1.		FEC I	D number	С
	2.		FEC I	D number	С
	3.		FEC I	D number	C
	4.		FEC I	D number	C
-					
6. I	-	Organization, Affiliated Committee, Joir	nt Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Katherine Clark Victor	y Fund			
	Mailing Address	600 Pennsylvania Ave SE #15180			
		Washington		DC	20003
	Relationship:	CITY A		STATE A	
	Connected	Organization Affiliated Committee	× Joint Fundraisir	ng Representa	ative
- 8. C	Decimated Agents Identify	by name, address (phone number - opt	ional)		
0. L		by hame, address (phone humber – opt	ional)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION			STATE A	ZIP CODE
			Telephone I	Number	
9. E	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in intains funds.	n which the comm	iittee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.				
	Mailing Address				
			<u></u> I		
		CITY A			ZIP CODE A

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5(g) or (h). Joint Fundraisin	g Participant:				
1.		FEC	ID number	С	
2.		FEC	ID number	С	
3.		FEC	ID number	C	
4.		FEC	ID number	С	
6. Name of Any Connected	Organization, Affiliated Commit	tee, Joint Fundraising F	Representative	e, or Leadership PAC Spon	sor
Democracy Defender	S				
Mailing Address	600 Pennsylvania Ave SE #151	80 			
	1				
	Washington			20003	
Relationship:	CITY 4	└ <u>───</u> ─────────────────────────────────	STATE	ZIP CODE A	
Connected	Organization	mittee 🗙 Joint Fundrais	sing Representa	ative Leadership PAC Sp	onsor
8. Designated Agent: Identify	by name, address (phone numb	per – optional)			
Full Name				<u></u>	
Mailing Address					
				· · · · · · · · · · · · · · · · · · ·	
					. I
			STATE 🔺	ZIP CODE	
TITLE OR POSITION		Telephone			
		Telephone			
	▼ 		Number		
	ries: List all banks or other depo		Number		 S
9. Banks or Other Deposito	ries: List all banks or other depo		mittee deposit		
 Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc. 	ries: List all banks or other depo	sitories in which the com	mittee deposit		s
9. Banks or Other Depositor safety deposit boxes or ma Name of Bank,	ries: List all banks or other depo	sitories in which the com	mittee deposit		s
 Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc. 	ries: List all banks or other depo	sitories in which the com	mittee deposit		s

5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	or Leadership PAC Sponsor
	Fair Shot Auchincloss			,
	Mailing Address	600 Pennsylvania Ave SE		
		Unit 15180		
		Washington		20003
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representat	tive Leadership PAC Sponsor
- 8. C		by name, address (phone number - optional)		
- 8. E	Full Name	by name, address (phone number - optional)		
- 8. E		by name, address (phone number - optional)		
- 8. E	Full Name	by name, address (phone number - optional)		
- 8. C	Full Name	by name, address (phone number - optional)		
- 8. C	Full Name			
- E	Full Name	CITY A	I I I I I I I I I I I I I I I I I I I	□ · · · · · · · · · · · · · · · · · · ·
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail		phone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. E S	Full Name		phone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Ganks of Bank, Depository, etc.		phone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Ganks of Bank, Depository, etc.		phone Number	

1.								
ել				FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name	of Any Connected	Organization,	Affiliated Committee, Join	t Fundraising F	epresentative	e, or Leadersh	ip PAC Spons	or
Tak	e Back The House	e 2024						
		600 Pennsyl	vania Ave SE					
Ν	Iailing Address							
		#15180						
		Washington				20003		
F	lelationship:		CITY A	_	STATE A	ZI	P CODE 🔺	
	Connected	l Organization	Affiliated Committee	X Joint Fundrais	ing Representa	Lead	lership PAC Spo	onsor
Design	ated Agent: Identify	by name, add	ress (phone number – optic	onal)				
_	ated Agent: Identify	by name, add	ress (phone number – optio	onal)				
Ful		by name, add	ress (phone number – optio	onal)				
Ful	I Name	by name, add	ress (phone number – optio	onal)				
Ful	I Name	by name, add	ress (phone number – optio	onal)				
Ful Ma	I Name		ress (phone number – optio	onal)				
Ful Ma	I Name	· · · · · · · · · · · · · · · · · · ·						
Ful Ma	I Name	· · · · · · · · · · · · · · · · · · ·		onal)				
Ful Ma TI Banks	I Name			Telephone	Number			
Ful Ma Ti Banks safety	I Name			Telephone	Number			
Ful Ma TI Banks safety Name Deposi	I Name			Telephone	Number			
Ful Ma TI Banks safety Name Deposi	I Name			Telephone	Number			
Ful Ma TI Banks safety Name Deposi	I Name			Telephone	Number			