Only

STATEMENT OF

PAGE 1 / 7 =

FEC FORM 1			RGAN		ON				Office	e Use O) như		
1. NAME OF		(0	Check if name	e Exa	mple:If typing,	type	1 2 ਜਾ	E4M5	Ollice	036 0	Tily		
COMMITTEE (in	r full)	is	changed)	ove	r the lines.		1211	CIME					
One Voice													
ADDRESS (number a	nd street)	910 17th	St NW										
(Check if a		Ste 925		1 1 1 1			1 1	1 1 1		1 1	1 1	l I I	, 1
is changed	d)	Washing	ton			1	DC		20006	;			
		CI	TY 🛦				STATE			Z	- [IP CC	DDE 🛦	
COMMITTEE'S E-MA	VII ADDDE	99											
			pcmsllc.co	m									
		Janioa											
		Optional	Second E-Ma	il Address									
COMMITTEE'S WEB (Check if a is changed	address		RL) voicepac.org										
2. DATE 0	9 10	D / Y	2020										
3. FEC IDENTIFIC	CATION NU	JMBER ▶	С	C004030	71								
4. IS THIS STATEM	MENT	NEW	(N) OF	x x	AMENDE	ED (A)							
certify that I have e	examined th	nis Stateme	nt and to the	best of my	knowledge and	d belief it i	s true, o	correct	and c	omplet	е.		
Type or Print Name	of Treasure	Moore, D	Darryl, , ,										
Signature of Treasure	er <i>Moore</i>	e, Darryl, , ,			[Electronically	Filed]	Date	09	/	10	/ T	2020)
NOTE: Submission of					bject the persor				the pe	nalties	of 2 L	J.S.C. §	§437g.
Office Use					For further info Federal Election Toll Free 800-42	Commissio				EC F			

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	. 0,50 -
(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. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee: (National, State	(Democratic
(d)		This committee is a committee of the committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Wo 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)	egregated 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.)	
Joir	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		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 committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		
	→.		

FEC Form 1 (Revised 0	2/2009)	 Page 3
Write or Type Committee Name		- tage C
One Voice		
	rganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Lee, Barbara, , Hon,	g	
	<u> </u>	
Mailing Address	333 Hegenberger Rd	
·	Oakland CA STATE	94621 ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
. Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the pe	rson in possession of committee
	los, Janica, , ,	
Full Name	910 17th St NW	
Mailing Address	Ste 925	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Asst. Treasurer	Telephone number	02 628 1580
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Moore, Dar	уІ, , ,	1
of Treasurer	910 17th St NW	
Mailing Address		
	Ste 925	
	Washington DC CITY STATE	20006 ZIP CODE
Title or Position Treasurer	Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank,	Gateway Bank	
Mailing Address		
	Oakland CA 94607	
	Oakland CA 94607 CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank,	CITY STATE Depository, etc. Amalgamated Bank	ZIP CODE
Name of Bank, Mailing Address	CITY STATE Depository, etc. Amalgamated Bank 1825 K St NW	ZIP CODE
	CITY STATE Depository, etc. Amalgamated Bank 1825 K St NW	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

5(g) or (h). Joint Fundraising	g Participant:	
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number C
4		FEC ID number
6. Name of Any Connected (Representation Ma	Organization, Affiliated Committee, Joint Fundrais	ing Representative, or Leadership PAC Sponsor
Mailing Address	910 17th St NW	
	Ste 925	
	Washington	DC 20006
Relationship:	CITY A	STATE ▲ ZIP CODE ▲
Connected	Organization Affiliated Committee	ndraising Representative Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number – optional)	
Mailing Address	1	
TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
	1	hone Number
Name of Bank, Depository, etc.	ies: List all banks or other depositories in which the intains funds.	committee deposits funds, holds accounts, rents
Mailing Address		
	CITY A	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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anization, Affiliated Committee, Joi ers II 210 17th St NW Ste 925 Washington CITY ganization Affiliated Committee name, address (phone number – op	FEC I FEC I FEC I Int Fundraising Re	DC STATE A	20006 ZIP CODE Δ	
Prs II P10 17th St NW Ste 925 Washington CITY Ganization Affiliated Committee	FEC I FEC I Int Fundraising Re	DC STATE	e, or Leadership PAC Special Company of the Company	
Prs II P10 17th St NW Ste 925 Washington CITY Ganization Affiliated Committee	int Fundraising Re	epresentativ	e, or Leadership PAC Special Color of the Co	
Prs II P10 17th St NW Ste 925 Washington CITY Ganization Affiliated Committee	Int Fundraising Re	epresentativ	e, or Leadership PAC Special P	
Prs II P10 17th St NW Ste 925 Washington CITY Ganization Affiliated Committee	✗ Joint Fundraisin	DC STATE A	20006 ZIP CODE Δ	
Ste 925 Washington CITY ganization Affiliated Committee		STATE ▲	ZIP CODE A	
Ste 925 Washington CITY ganization Affiliated Committee		STATE ▲	ZIP CODE A	
Washington CITY ▲ ganization Affiliated Committee		STATE ▲	ZIP CODE A	
CITY ▲ ganization Affiliated Committee		STATE ▲	ZIP CODE A	
ganization Affiliated Committee				
_		ng Represent	ative Leadership PAC	Spon
CITY ▲		STATE ▲	ZIP CODE ▲	
	Telephone N	Number _		
	List all banks or other depositories ns funds.	List all banks or other depositories in which the commons funds.	Telephone Number List all banks or other depositories in which the committee deposit	Telephone Number Telephone Number

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
		-	
Name of Any Connected Representation N	Organization, Affiliated Committee, Joint Fu latters III	ndraising Representativ	e, or Leadership PAC Spons
	ı 910 17th St NW		
Mailing Address	Ste 925		
	Washington	ı DC ı	20006
Dalatianahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC Spo
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or markets	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Agents or Other Depositor	city A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or make the same of Bank,	city A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number ich the committee deposit	ZIP CODE A