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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. National Democratic Training Committee PAC 910 17th St. NW ADDRESS (number and street) Ste. 925 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Brian@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.traindemocrats.org/ (Check if address is changed) DATE 2020 C00603084 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Foucart, Brian, , , Type or Print Name of Treasurer Foucart, Brian, , , [Electronically Filed] 04 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	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 cont	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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of 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 Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name				3	
National Democratic	Training Comm	ittee PAC			
6. Name of Any Connected Organization			esentative, o	r Leadership PAC Spo	nsor
NONE					
Mailing Address					
	CITY		STATE	ZIP CODE	
Relationship: Connected Organization	on Affiliated Committee	Joint Fundraising I	Representativ	ve Leadership PAC	Sponsor
. Custodian of Records: Identify by name books and records.	e, address (phone number	optional) and positio	n of the per	son in possession of co	ommittee
Foucart, Brian, , , Full Name 910 17th S	St. NW				
Mailing Address Ste. 925					
Washingto	on		DC	20006	
Title or Position	CITY	:	STATE	ZIP CODE	
Treasurer		Telephone numb	per 20	2 628	1581
Treasurer: List the name and address (pany designated agent (e.g., assistant treat		the treasurer of the	committee; a	nd the name and addro	ess of
Full Name Foucart, Brian, , , of Treasurer					
Mailing Address 910 17th S	it. NW				
Ste. 925					
Washingto	on CITY		DC STATE	ZIP CODE	
Title or Position Treasurer		Telephone numb	. 202		1581

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		
	Telephone number	
safety deposit bo	Amalgamated Bank	
	Depository, etc. Amalgamated Bank 1825 K St NW	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington DC 20006	P CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE ZIF	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE ZIF	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE ZIF	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE ZIF Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE ZIF Depository, etc. Choice Bank 4470 W 78th Street Circle	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE ZIF Depository, etc.	