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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tri-State Maxed-Out Women 910 17th St NW Ste 925 ADDRESS (number and street) (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address tristatemow@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00488387 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. Dickstein Sudolsky, Marcia, , , Type or Print Name of Treasurer Dickstein Sudolsky, Marcia,,, [Electronically Filed] 12 26 2018 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	ee Name	
Tri-State M	axed-Out Women	
6. Name of Any Conr	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Mailing Address		
		. 1_1 . , , }
	CITY STATE	ZIP CODE
Relationship: C	onnected Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the person in p	ossession of committee
	yriacopoulos, Janica, , ,	
Full Name Mailing Address	910 17th Street NW Suite 925	
	Washington DC 20006	
Title or Position	CITY STATE	ZIP CODE
Asst. Treasurer		628 1580
. Treasurer : List the rany designated agen	name and address (phone number optional) of the treasurer of the committee; and the r te.g., assistant treasurer).	name and address of
Full Name Di	ickstein Sudolsky, Marcia, , ,	
Mailing Address	131 East 93rd St Ste 1CD	
	New York NY 10128	
Title or Position _I Treasurer	CITY STATE	ZIP CODE 836 4809
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 1
Name of Bank, I	Depository, etc. JP Morgan Chase Bank N.A	
Name of Bank, I	JP Morgan Chase Bank N.A	
	JP Morgan Chase Bank N.A	
	JP Morgan Chase Bank N.A 270 Park Ave New York NY 10017	IP CODE
	JP Morgan Chase Bank N.A 270 Park Ave New York CITY STATE Z	IP CODE
Mailing Address	JP Morgan Chase Bank N.A 270 Park Ave New York CITY STATE Z	IP CODE
Mailing Address	JP Morgan Chase Bank N.A 270 Park Ave New York CITY STATE Z	IP CODE
Mailing Address Name of Bank, I	JP Morgan Chase Bank N.A 270 Park Ave New York CITY STATE Z	IP CODE
Mailing Address Name of Bank, I	JP Morgan Chase Bank N.A 270 Park Ave New York CITY STATE Z	IP CODE