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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. MURPHPAC 415 NEW JERSEY AVE SE, STE 1 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20003 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 COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2019 C00459925 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. Kyriacopoulos, Janica, , , Type or Print Name of Treasurer Kyriacopoulos, Janica, , , [Electronically Filed] 05 29 2019 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

EFO -	orm 1 (Payicad 02/2000)	Page 2
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
Candida	te 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. (Cominformation below.)	olete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	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 Fun	draising 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Coi	mmittees 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 Na		raye 3
MURPHPAC	umo	
	ed Organization, Affiliated Committee, Joint Fundraising Representative	or Leadership PAC Sponsor
_		, or Educising Pro Sponsor
Murphy, Christophe	",,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address	PO Box 127	
J		
	Cheshire CT	06410
	CITY STATE	ZIP CODE
		_
Relationship: Connec	ected Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of the popoulos, Janica, , ,	person in possession of committee
Full Name	,910 17th St NW Ste 925	
Mailing Address	910 17(11 St NW Ste 925	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 628 1580
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of
	opoulos, Janica, , ,	
of Treasurer	910 17th St NW Ste 925	
Mailing Address		
	West-varie	
	Washington	20006
Title or Position Treasurer	CITY STATE	ZIP CODE 202 628 1580
	Telephone number	

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,		
safety deposit be	Depository, etc. Bank of America 1801 K St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW	
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE	06
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	06 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	D6
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	06 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	06 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	06 ZIP CODE

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

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				_
5(g)	or(h). Joint Fundraising	Participant:	FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	sing Representative	, or Leadership PAC Sponsor
	Fight Back CT			
		910 17th St NW		
	Mailing Address			
		Washington	L DC	20006
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
8.	Full Name		STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	STATE A	ZIP CODE A

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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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected Murphy Victory C	I Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 65322		
	Washington	DC	20035
D 1 .: 1 .	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Joint J		
Connecte Designated Agent: Identi Full Name	Affiliated Committee Joint My by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Joint My by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Figure 1. Joint Affiliated Committee Figure 2. Joint Affiliated Committee Figure 3. Joint CITY CITY Telepries: List all banks or other depositories in which is the second committee.	STATE A Ilephone Number the committee deposit	ZIP CODE s funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee Affiliated Committee Figure 1	STATE A lephone Number the committee deposit	ZIP CODE S funds, holds accounts, rents