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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. Make it in America PAC 1050 17th ST NW Ste 590 ADDRESS (number and street) (Check if address is changed) Washington 20036 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 2013 C00495705 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. Janica Kyriacopoulos Type or Print Name of Treasurer Janica Kyriacopoulos [Electronically Filed] 07 16 2013 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

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|---|--|
| TYP | E OF C | OMMITTEE | . 490 = |
| Car | ndidate | e Committee: | |
| (a) | Ш | 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. (Corinformation below.) | nplete the candidate |
| Nam Cand | e of didate | | |
| | didate y Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | (Demogratic |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected 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. | |
| (f) | X | This committee supports/opposes more than one Federal candidate, and is NOT a separate s 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.) | |
| Join | t Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate | • |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate. | wo 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 | | J |
| Make it in Ame | | |
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or Lea | adership PAC Sponsor |
| Congressman John G | aramendi | |
| | 1050 17th St NW Ste 590 | |
| Mailing Address | 1030 17th St NVV Ste 590 | |
| | Washington DC 200 |)36 |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representative | ★ Leadership PAC Sponsor |
| . Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the person in | n possession of committee |
| | riacopoulos | 1 |
| Full Name | 1050 17th ST NW Ste 590 | |
| Mailing Address | | |
| | | |
| | Washington DC 200 | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | - 628 - 1580 |
| 3. Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | ne name and address of |
| Full Name Janica Kyr of Treasurer | riacopoulos | |
| Mailing Address | 1050 17th St NW Ste 590 | |
| | | |
| | Washington DC 200 |)36 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 202 | - <u> 628</u> - <u> 1580</u> |

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|--|---|--|
| | | |
| Full Name of | | |
| Designated Agent | | |
| Mailing Address | | |
| | | |
| | | - |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| Banks or Other safety deposit b Name of Bank, | r Depositories: List all banks or other depositories in which the committee deposits funds, he oxes or maintains funds. Depository, etc. | olds decounts, rems |
| safety deposit b Name of Bank, | oxes or maintains funds. Depository, etc. Bank of America ,730 15th ST NW | J. J |
| safety deposit b | oxes or maintains funds. Depository, etc. Bank of America ,730 15th ST NW | |
| safety deposit b Name of Bank, | Depository, etc. Bank of America 730 15th ST NW | |
| safety deposit b Name of Bank, | oxes or maintains funds. Depository, etc. Bank of America ,730 15th ST NW | |
| safety deposit b Name of Bank, | Depository, etc. Bank of America 730 15th ST NW | |
| safety deposit b Name of Bank, | Depository, etc. Bank of America 730 15th ST NW Washington CITY STATE | 5 |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. Bank of America 730 15th ST NW Washington CITY STATE | 5 |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. Bank of America 730 15th ST NW Washington CITY STATE | 5 |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. Bank of America 730 15th ST NW Washington CITY STATE Depository, etc. | 5 |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. Bank of America 730 15th ST NW Washington CITY STATE Depository, etc. | 5 |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. Bank of America 730 15th ST NW Washington CITY STATE Depository, etc. | 5 |