Only

PAGE 1 / 7

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. Blue to the Future PO Box 65322 ADDRESS (number and street) (Check if address is changed) Washington DC 20035 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address NLeClerc@pcmsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00826123 FEC IDENTIFICATION NUMBER 3. 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] 09 29 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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)

FE	C Form	(Revised 03/2022)		Page <b>2</b>
5.	TYPE C	F COMMITTEE:		
	Candid	ate Committee:		
	(a)	This committee is a principal campaign committee. (Complete the candidate informat	ion b	pelow.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee.	(Complete the candidate
	Name Candi			
	Candi Party	late Office Sought: House Senate	Pr	State resident District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized cor	nmitt	tee.
	Nam Can	e of lidate		
	Party (	Committee:		
	(d)	This committee is a (National, State or subordinate) committee of the		(Democratic, Republican, etc.) Party
	Politica	I Action Committee (PAC):		
	(e)	This committee is a separate segregated fund. (Identify connected organization on lin	ne 6.	) Its connected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a scommittee. (i.e., nonconnected committee)	epar	rate segregated 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	3.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).		
		In addition, this committee is a Lobbyist/Registrant PAC.		
	(h)	This committee is a political committee with both contribution and non-contribution as	ccou	nts (Hybrid PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.		
	Joint F	undraising Representative:		
	(i) <b>x</b>	This committee collects contributions, pays fundraising expenses and disburses net prommittees/organizations, at least one of which is an authorized committee of a federal committee.		· ·
	(j)	This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, none of which is an authorized committee of a federal car		· ·
	Com	mittees Participating in Joint Fundraiser		
		BECCA BALINT FOR VERMONT	С	C00797175
	ٔ ا و	ASMINE FOR US	С	C00795450

	FEC <b>Form 1</b> (Revised (	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		. ago <b>o</b>
	Blue to the Fut	ure	
6.		rganization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repr	resentative Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position of the p	person in possession of committee
	Kyriacopou	los, Janica, , ,	
	Full Name	 	
	Mailing Address	PO Box 65322	
		Washington	20035
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	202 628 - 1580
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the communication assistant treasurer).	mittee; and the name and address of
	Full Name Kyriacopou	los, Janica, , ,	
	of Treasurer		
	Mailing Address	PO Box 65322	
		Washington	C 20035
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	202 - 628 - 1580

FEC Form 1 (Revised (	02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
	Telephone nu	mber	
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the committ tains funds.	ee deposits funds, hold	s accounts, rents
Name of Bank, Depository, e	etc.		
Amalga	ımated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

1. GILLEN FOR	EJANDRO FROST FOR CONGRESS  CONGRESS	FEC ID number	C C00786822 C C00806547
3. L.	FOR CONGRESS 2022	FEC ID number	C C00792283
4. MORGAN MC	GARVEY FOR CONGRESS	FEC ID number	C C00791392
Name of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	Leadership PAC Spo
	fy by name, address (phone number – optional)		Leadersnip PAC Spo
Designated Agent: Identi			Leadersnip PAC Spo
Designated Agent: Identi			Leadersnip PAC Spo
Designated Agent: Identi			Leadersnip PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identi  Full Name   Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify 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.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify 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.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_ **of** \_\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	ıg Participant:		
	1. MENENDEZ FO	OR CONGRESS	FEC ID number	C C00799767
	2. JARED MOSKO	OWITZ FOR CONGRESS	FEC ID number	C C00807628
	ROBERT GARG	CIA FOR CONGRESS	FEC ID number	C C00797795
	JONATHAN JA	CKSON FOR CONGRESS	FEC ID number	C C00802603
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Maining / Marcoco			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			t Fundraising Representa	
			÷ .	
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	1	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Telestries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY A  Telestries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  Telestries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  Telestries: List all banks or other depositories in which	elephone Number	

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

	g Participant:				
SYDNEY KAMI	AGER FOR CC	NGRESS	FEC ID num	nber C	C00795823
TOKUDA FOR	HAWAII		FEC ID num	nber C	C00813758
3.			FEC ID num	nber C	
4.			FEC ID num	nber C	
Name of Any Connected	Organization, Affilia	ated Committee, Joint	Fundraising Represer	ntative, or	Leadership PAC Sponsor
	1				
Mailing Address					
5.1					
Relationship:	_	CITY A	STA	TE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address	(phone number – option	al)		
Full Name					
Full Name	1		, 		
Full Name L					
		CITY			ZIP CODE A
		CITY A	STATE Telephone Numbe		ZIP CODE A