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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. One Voice 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 janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://onevoicepac.org (Check if address is changed) DATE 2021 C00403071 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Moore, Darryl, , , Type or Print Name of Treasurer Moore, Darryl,,, [Electronically Filed] 01 2021 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 For	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	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. (Compleinformation below.)	ete the candidate
Nam Can	e 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.	
Nam Cand	e of didate		
Par	ty Com	mittee:	
(d)		,	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 separate segrecommittee. (i.e., nonconnected committee)	egated 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	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.	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.	or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Na		
One Voice		
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Lee, Barbara, , Hon,		
	333 Hegenberger Rd	
Mailing Address	333 Hegenberger Nu	
	Oakland CA	94621
	CITY STAT	TE ZIP CODE
	CITI SIAI	ZII GODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repres	sentative x Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of t	he person in possession of committee
	poulos, Janica, , ,	
Full Name	,910 17th St NW	
Mailing Address	Ste 925	
		20006
	Washington	
Title or Position	CITY STATE	ZIP CODE
Asst. Treasurer	Telephone number	202 628 - 1580
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the comm , assistant treasurer).	ittee; and the name and address of
Full Name Moore, [Oarryl, , ,	
of Treasurer	1010 17th St NIW	
Mailing Address	910 17th St NW	
	Ste 925	
	Washington	
Title or Position	CITY STATE	ZIP CODE 1 202 628 1580
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, I	Depository, etc.	
Name of Bank, I	Gateway Bank 360 Eighth St	
	Gateway Bank	
	Gateway Bank 360 Eighth St	ZIP CODE
	Gateway Bank 360 Eighth St Oakland CA 94607 CITY STATE	ZIP CODE
Mailing Address Name of Bank, I	Gateway Bank 360 Eighth St Oakland CA 94607 CITY STATE	ZIP CODE
Mailing Address	Gateway Bank 360 Eighth St	ZIP CODE
Mailing Address Name of Bank, I	Gateway Bank 360 Eighth St	ZIP CODE

FEC Form 1S (Revised 02/2017)

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	C
4.		FEC ID number	С
ame of Any Connected Representation N	I Organization, Affiliated Committee, Joint Fun Matters V	draising Representative	e, or Leadership PAC Spon
Mailing Address	910 17th St NW		
	Ste 925		
	Washington	DC	20006
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	Affiliated Committee	int Fundraising Representa	Leadership TAO O
Full Name			Leadership TAO O
			Leadership PAC Sp
Full Name			
Full Name	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A