

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

House Swing State Fund

ADDRESS (number and street) 910 17th ST NW Ste 925

(Check if address is changed)

Washington DC 20006
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) janica@pcmsllc.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) None

2. DATE 09 / 18 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00758839

4. 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.

Type or Print Name of Treasurer Kyriacopoulos, Janica, , ,

Signature of Treasurer Kyriacopoulos, Janica, , , [Electronically Filed] Date 09 / 18 / 2020

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.

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 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 separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	COHN FOR CONGRESS 2020	FEC ID number	C	C00718650
2.	CARTWRIGHT FOR CONGRESS	FEC ID number	C	C00509968
3.	CONOR LAMB FOR CONGRESS	FEC ID number	C	C00657411
4.	DEBBIE FOR CONGRESS	FEC ID number	C	C00652065

Write or Type Committee Name

House Swing State Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Kyriacopoulos, Janica, , ,

Mailing Address 910 17th ST NW Ste 925

Washington

DC

20006

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202 - 628 - 1580

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Kyriacopoulos, Janica, , ,

Mailing Address 910 17th ST NW Ste 925

Washington

DC

20006

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 202 - 628 - 1580

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

1825 K ST NW

[Empty grid for Mailing Address line 2]

Washington DC 20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

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

5(g) or (h). **Joint Fundraising Participant:**

- 1. DEBORAH ROSS FOR CONGRESS
- 2. DONNA SHALALA FOR CONGRESS
- 3. HIRAL FOR CONGRESS
- 4. KATHY MANNING FOR CONGRESS

FEC ID number	C00729277
FEC ID number	C00672311
FEC ID number	C00649897
FEC ID number	C00662577

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____
Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). **Joint Fundraising Participant:**

1.	MAX ROSE FOR CONGRESS	FEC ID number	C00652248
2.	ELISSA SLOTKIN FOR CONGRESS	FEC ID number	C00650150
3.	KIND FOR CONGRESS COMMITTEE	FEC ID number	C00312017
4.	PATRICIA TIMMONS-GOODSON FOR CONGRESS	FEC ID number	C00732800

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____-_____-_____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____
Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h).

Joint Fundraising Participant:

- 1. HALEY STEVENS FOR CONGRESS
- 2. SCHOLTEN FOR CONGRESS
- 3. SUSAN WILD FOR CONGRESS
- 4. TOM O'HALLERAN FOR CONGRESS

FEC ID number	C00638650
FEC ID number	C00711317
FEC ID number	C00658567
FEC ID number	C00582890

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address

Mailing address fields

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Full name field

Mailing Address

Mailing address fields

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Title or position field

Telephone Number

Telephone number field

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Name of bank field

Mailing Address

Mailing address fields

CITY ▲

STATE ▲

ZIP CODE ▲