PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee for a Democratic Future 7240 Evans Mill Rd ADDRESS (number and street) (Check if address is changed) McLean 22101 VACITY 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 2015 C00370122 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. Mr. Gerald T. Weiner Type or Print Name of Treasurer Mr. Gerald T. Weiner [Electronically Filed] 05 2015 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. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
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 information below.)	e. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	Stateident
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	
Name of Candidate	
Party Committee:	(Domosystic
(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 sepacommittee. (i.e., nonconnected committee)	arate 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal can	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

FFC Form 1 (Davided 03/3000)	Daga <b>3</b>
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
Committee for a Democratic Future	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
ROSA L DELAURO	
49 HUNTINGTON STREET  Mailing Address	
NEW HAVEN	
CITY STATE ZIP	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X Leaders	ship PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess books and records.	sion of committee
Janica Kyriacopoulos	1
Full Name1050 17th St NW Ste 590	
Mailing Address	
Washington DC 20036	
Title or Position CITY STATE ZIP	CODE
Deputy Treasurer Telephone number  202 628	
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Mr. Gerald T. Weiner	
of Treasurer	
Mailing Address 15 Bishop Drive	
Woodbridge CT 06525	
CITY STATE ZIP Title or Position	CODE
Treasurer 203 782	

FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
safety deposit boxes of Name of Bank, Depos		
Name of Bank, Depos	or maintains funds. sitory, etc. tizens Bank	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.	
Name of Bank, Depos	tizens Bank 209 Church Street	
Name of Bank, Depos	or maintains funds. sitory, etc. tizens Bank	
Name of Bank, Depos	tizens Bank 209 Church Street	
Name of Bank, Depos	or maintains funds. sitory, etc.  tizens Bank  209 Church Street  New Haven  CITY  STATE	510
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  tizens Bank  209 Church Street  New Haven  CITY  STATE  sitory, etc.	510
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	tizens Bank  209 Church Street  New Haven  CITY  STATE  Sitory, etc.	510
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  tizens Bank  209 Church Street  New Haven  CT 065  CITY STATE  sitory, etc.	510
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  tizens Bank  209 Church Street  New Haven  CITY  STATE  Sitory, etc.  ells Fargo  1100 Connecticut Ave NW	21P CODE
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  tizens Bank  209 Church Street  New Haven  CT 065  CITY STATE  sitory, etc.	210