(Revised 06/2012)

FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **VOICE PAC** 910 17th ST NW Ste 925 ADDRESS (number and street) (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 marilyn@pcmsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00745117 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. Kyriacopoulos, Janica, , , Type or Print Name of Treasurer Kyriacopoulos, Janica, , , [Electronically Filed] 04 28 2020 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

Toll Free 800-424-9530

Local 202-694-1100

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|--------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate |
| | ne 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. | District |
| | ne of didate | | |
| Par | rty Con | nmittee: | |
| (d) | | (National, State | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected 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) | | | gradated fund or party |
| (f) | × | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated fulld of party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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. | o 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 | | |
| VOICE PAC | | |
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or Lea | dership PAC Sponsor |
| Delgado, Antonio, , , | | |
| | | |
| Mailing Addross | PO Box 802 | |
| Mailing Address | | |
| | Rhinebeck NY 125 | 72 |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connecte | d Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number optional) and position of the person in | n possession of committee |
| | ulos, Janica, , , | |
| Full Name | ,910 17th St NW Ste 925 | |
| Mailing Address | | |
| | | |
| | Washington DC 200 | 006 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 202 | - 628 - 1580 |
| 3. Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | e name and address of |
| | ulos, Janica, , , | |
| of Treasurer | 910 17th St NW Ste 925 | |
| Mailing Address | | |
| | | |
| | Washington DC 2000 | 06 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 202 | - 628 - 1580 |

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|----------------------------|---------------------------------------------------------------------------|---------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| Name of Bank, [| oxes or maintains funds. Depository, etc. | |
| Name of Bank, [| | |
| | Depository, etc. Amalgamated Bank | |
| Name of Bank, [| Depository, etc. Amalgamated Bank | |
| Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW | ZIP CODE |
| Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |