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FEC 'RM

STATEMENT OF

RECEIVED

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FORM 1	ORGANIZATION				VEOCIAE :			
			115			Office 2012	22 T30c	PH 3: 5
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M			CENTER
2010 New	York \	/ictory Fund	1 1 1		11111			
					1 1 1 1 1			
ADDRESS (number a	nd street)	1050 17th ST	NW	Ste 590				
(Check if a		Washington			DC	20036	<u> </u>	
•			CITY		STATE	ZIF	CODE	
COMMITTEE'S E-MA	NL ADDRES	SS (Please provide only one e	-mail ad	dress)				
Chock if	addraga	janica@pcms	llç.ç	om , , , , ,	1111	<u> </u>	<u> </u>	
(Check if address is changed)			111	1 1 1 1 1 1				
COMMITTEE'S WEB	PAGE ADE							
Chack if	address	None						
(Check if address is changed)			111					
2. DATE 10	<u> </u>	2012						
3. FEC IDENTIFIC	CATION NU	мвен С						
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)				
I certify that I have o	examined the	is Statement and to the best	t of my	knowledge and belief	it is true, corre	ect and comple	te.	
Type or Print Name	of Treasurer	Janica Kyriad	copc	oulos				
Signature of Treasure	er 🚽	auca Buaropo	uli	\mathcal{U}_{-}	Date 1	<u>0</u> / <u>22</u> °	20-	(2 Y
NOTE: Submission of		ous, or incomplete Information	•			•	of 2 U.S.C	:. §437g.
Office Use Only				For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2009)	•

Pa	_	_	2

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5.		_	OMMITTEE		
	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. (Comple information below.)	te the candidate	
	Name Cand			<u> </u>	
	Cand Party	lidate Affiliati	on Sought: House Senate President	State District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand				
	Part	y Con	nmittee:		
	(d)			emocratic, publican, etc.) Party.	
	Polif	tical A	action Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:	
	(0)			·	
			Corporation Corporation w/o Capital Stock	abor Organization	
			Membership Organization Trade Association 0	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 segre committee. (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	Iraising Representative:		
	(g)	\times	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	
		Com	mittees Participating in Joint Fundraiser		
		1.	Friends of Dan Maffei FEC ID number C 00417	7550	
		2.	New York State Democratic Committee FEC ID number C 00143	3230	
		3.	FEC ID number		
		4.			

FEC FOIII I (Nevi	seu 02/2009) Fage 3					
Write or Type Committee Name						
2010 New Yo	rk Victory Fund					
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
•						
None						
Mailing Address						
Mailing Address						
	CITY STATE ZIP CODE					
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
 Custodian of Records: books and records. 						
. lar	nica Kuriacanaulas					
Full Name	nica Kyriacopoulos					
Mailing Address	Mailing Address 1050,17th St NW Ste 590					
	Washington DC 120036 1-1					
Title on Decition	OUTAL STATE TIP CODE					
Title or Position	CITY STATE ZIP CODE					
Treasurer	Telephone number 202 - 628 - 1580					
 Treasurer: List the name any designated agent (e 	e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).					
Full Manage						
Full Name Jar of Treasurer	nica Kyriacopoulos					
Mailing Address	լ1050,17th St NW Ste 590					
0	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	¡Wasḥiṇgton DC 20036 -					
	CITY STATE ZIP CODE					
Title or Position						
Treasurer	Telephone number [202,] - [628,] - [1580,]					

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Full Name of Designated Agent			
Mailing Address			
J			
			1 , , , , 1-1 , , , 1
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	
Banks or Other Depositori safety deposit boxes or mail	ies: List all banks or other depositories in ntains funds.	which the committee deposits fu	nds, holds accounts, rents
Name of Bank, Depository,			
(Rank	of America NA		1
Dailk	of America, NA		
Mailing Address	730 15th St NW		
	Washington	DÇ j	20005
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		**
			
Mailing Address			
	CITY	STATE	ZIP CODE

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No Postmark					
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Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
JMA	10/03/12				
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