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. Empire State Strikes Back PO Box 65322 ADDRESS (number and street) (Check if address is changed) Washington 20035 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address janica@pcmsllc.com is changed) Optional Second E-Mail Address nleclerc@pcmsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00865402 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. Type or Print Name of Treasurer Kyriacopoulos, Janica, , Date 07 26 2024 Signature of Treasurer Kyriacopoulos, Janica, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

EC Form 1 (Revised 03/2022)	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. (Complete information below.)	the candidate		
Name of Candidate			
Candidate Party Affiliation Office Sought: House Senate President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate			
Party Committee:			
(National, State (Democra	atic, an, etc.) Party		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:		
Corporation Corporation w/o Capital Stock Labor	r Organization		
Membership Organization Trade Association Coop	erative		
In addition, this committee is a Lobbyist/Registrant PAC.			
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)			
(g) This committee is an independent expenditure-only political committee (Super PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.			
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.			
Joint Fundraising Representative:			
(i) 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.	o or more political		
(j) 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		
Committees Participating in Joint Fundraiser 1. JEFFRIES FOR CONGRESS C 00050305	2		
2. MONDAIRE FOR CONGRESS C C0071115	0		

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	rite or Type Committee Name		
	Empire State Str	ikes Back	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Tielationship.	Organization John Fundaising Representative	Leadership TAO Oponso
	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in po	ossession of committee
	Kyriacopou	ılos, Janica, , ,	
	Full Name		
	Mailing Address	PO Box 65322	
		Washington	20006
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	STATE 2	ZII CODE =
	Treasurer	Telephone number	_ 628 1580
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name Kyriacopou of Treasurer	ılos, Janica, , ,	
	or freasurer	PO Box 65322	
	Mailing Address		
		Washington DC 2	20006
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		628 1580

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Full Name of Designated Agent		
Mailing Addre	ess	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Positi	on ▼	
	Telephone number	
safety deposi	her Depositories: List all banks or other depositories in which the committee deposits for the boxes or maintains funds.	unds, holds accounts, rents
Name of Ban	k, Depository, etc.	
	AMALGAMATED BANK	
Mailing Addre	1825 K St NW	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Ban	k, Depository, etc.	
Mailing Addre	ss	
	CITY ▲ STATE ▲	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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5(g) o	or (h). Joint Fundraisi	ng Participant:				
	JOSH RILEY FOR CO	NGRESS		FEC	D number	C C00793760
	2. SUOZZI FOR CONC	GRESS		FEC	D number	C C00607200
	PAT RYAN FOR CON	IGRESS		FEC	D number	C C00815290
		DEMOCRATIC COMMITTEE		FEC	D number	C C00143230
6.	Name of Any Connected	Organization, Affiliate	d Committee, Joint F	undraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address	1				
	Maining / Idai 000					
	Relationship:		CITY A		STATE A	ZIP CODE A
	Connecte	d Organization Affil	iated Committee	Joint Fundraisi	ng Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (ph	one number – optiona	al)	1 1 1 1	
8.	Full Name	y by name, address (ph	one number – optiona	al)		
8.		y by name, address (ph	one number – optiona	al)		
8.	Full Name	y by name, address (pr	one number – optiona	al)		
8.	Full Name	y by name, address (pr		al)		
8.	Full Name		one number – options	al)	STATE A	ZIP CODE A
8.	Full Name			Telephone		ZIP CODE A
8.	Full Name					ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	ories: List all banks or o	CITY A	Telephone	Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m	ories: List all banks or o	CITY A	Telephone	Number	
9.	Full Name Mailing Address TITLE OR POSITION	ories: List all banks or o	CITY A	Telephone	Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	ories: List all banks or o	CITY A	Telephone	Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all banks or o	CITY A	Telephone	Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all banks or o	CITY A	Telephone	Number	

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

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5(g) or	(h). Joint Fundraisir	g Participant:			
	JOBS, EDUCATION, &	FAMILIES FIRST JEFF PAC		FEC ID number	C C00617803
	2. GILLEN FOR NY			FEC ID number	C C00840165
	JOHN AVLON FOR C	ONGRESS		FEC ID number	C C00870568
	4. MANNION FOR NEW	YORK		FEC ID number	C C00845461
-					
6. I	Name of Any Connected	Organization, Affiliated Com	mittee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY	′ ▲	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Co	ommittee Joint Fu	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone nu	mber – optional)		
	Full Name				
	Mailing Address				
		1			
				. 1 1 . 1	1
	TITLE OR POSITION	_ CITY .	<u> </u>	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	V		ohone Number	1-1 1-1 1
				onone Number	
	Banks or Other Deposito safety deposit boxes or ma		positories in which the	e committee deposi	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.				
	Mailing Address				
	Mailing / Madress				
	Mailing Address				
	Walling Address	CITY		STATE A	ZIP CODE A