

# 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

New Congress Fund

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

(Check if address is changed)

Washington MD 20006  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

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

Optional Second E-Mail Address  
marilyn@pcmsllc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) None

2. DATE 12 / 19 / 2019

3. FEC IDENTIFICATION NUMBER C C00731836

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 12 / 19 / 2019

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. COLIN ALLRED FOR CONGRESS \_\_\_\_\_ FEC ID number  C00637868
2. BRINDISI FOR CONGRESS \_\_\_\_\_ FEC ID number  C00648725
3. SHARICE FOR CONGRESS \_\_\_\_\_ FEC ID number  C00670034
4. ELIZABETH PANNILL FLETCHER FOR CONGRESS \_\_\_\_\_ FEC ID number  C00640045

Write or Type Committee Name

# New Congress 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 of Treasurer CITY STATE ZIP CODE

Treasurer 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

[Grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Washington

[Grid for Mailing Address line 3]

DC

20006

[Grid for Mailing Address line 3]

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. COMMITTEE TO ELECT JARED GOLDEN
- 2. ANDY KIM FOR CONGRESS
- 3. ELAINE FOR CONGRESS
- 4. FRIENDS OF LUCY MCBATH

FEC ID number	C00653816
FEC ID number	C00648220
FEC ID number	C00664375
FEC ID number	C00672295

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.	XOCHITL FOR NEW MEXICO	FEC ID number	C00666149
4.	SPANBERGER FOR CONGRESS	FEC ID number	C00649913

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

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE and checkboxes for Connected Organization, Affiliated Committee, Joint Fundraising Representative, Leadership PAC Sponsor

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

Designated Agent fields: 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.

Banks or Other Depositories fields: 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

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

- 1. HALEY STEVENS FOR CONGRESS
- 2. LAUREN UNDERWOOD FOR CONGRESS
- 3.
- 4.

- FEC ID number C C00638650
- FEC ID number C C00652719
- FEC ID number C
- FEC ID number C

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

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE and checkboxes for Connected Organization, Affiliated Committee, Joint Fundraising Representative, Leadership PAC Sponsor

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

Designated Agent fields: Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

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Banks or Other Depositories fields: Name of Bank, Depository, etc., Mailing Address, CITY, STATE, ZIP CODE