PAGE 1 / 11 —

FEC FORM 1		STATEMI							Office	· Use On	PAGE	1/11 -	
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typir the lines.	ng, type	[12FE	34M5					
Elissa Slotk	kin for (Congress											ı
l													
ADDRESS (number a	nd street)	PO Box 244	1 1 1 1			1 1	1 1	1 1					
(Check if a	address												_
is changed	1)	Holly CITY A]	MI STATE		48442		 P COD	EA	_
COMMITTEE'S E-MA	AIL ADDRES	S											
(Check if a is changed		janica@pcmsllc.com	1										
		Optional Second E-Mail	Address										
COMMITTEE'S WEB	PAGE ADD	RESS (URL)											
(Check if a is changed		www.elissaforcongress.co	om 				<u> </u>						⅃
2. DATE 09		2021											
3. FEC IDENTIFIC	CATION NUI	MBER ▶ C	C0065015	0									
4. IS THIS STATEN	MENT	NEW (N) OR	×	AMEN	DED (A)								
I certify that I have e	examined this	Statement and to the b	est of my k	knowledge a	and belie	of it is	true, c	correct	and co	omplete			
Type or Print Name	of Treasurer	Kyriacopoulos, Janica, , ,											
Signature of Treasure	er <i>Kyriacc</i>	ppoulos, Janica, , ,		[Electronical	lly Filed]	Da	ate	M 09	M /	23	/ Y	2021	Υ
NOTE: Submission of		us, or incomplete informat	-		_	-				nalties (of 2 U.S	S.C. §437	g.
Office Use Only				For further in Federal Electronic Toll Free 800 Local 202-69	tion Comm 1-424-9530	nission	act:				ORM 06/2012		

	-	. (5.)	5 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Slotkin, Elissa, , ,	
	didate / Affiliation	on DEM Office Sought: * House Senate President	State MI District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo 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	.2009)	raye 3
Elissa Slotkin fo	r Congress	
	ganization, Affiliated Committee, Joint Fundraising	g Danracantativa, or Landarchin DAC Spansar
•	ganization, Anniated Committee, John Fundraising	g Representative, or Leadership PAC Sponsor
Slotkin Victory Fund		
Mailing Address	910 17TH ST NW STE 925	
	MACHINICTON	DC 20006
	WASHINGTON	
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundra	raising Representative Leadership PAC Spor
Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and	d position of the person in possession of commit
	os, Janica, , ,	
Full Name	PO Box 65322	
Mailing Address		
	under the state of	, DC , 20035
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone	ne number 202 - 628 - 1580
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer osistant treasurer).	of the committee; and the name and address o
Full Name Kyriacopoul	os, Janica, , ,	
Mailing Address	PO Box 65322	
	Washington	DC 20035
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone	ne number 202 - 628 - 1580

I LC FU	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	s	
	CITY STATE	ZIP CODE
Title or Position	ı	
	Telephone number	
safety deposit l	er Depositories: List all banks or other depositories in which the committee deposits funds, he boxes or maintains funds. Depository, etc.	
safety deposit l	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd	2
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd	ZIP CODE
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd Clarkston MI 48442	
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd Clarkston CITY STATE Amalgamated Bank	
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd Clarkston MI 48442 CITY STATE Amalgamated Bank 1825 K St NW	
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America 7990 Ortonville Rd Clarkston MI 48442 CITY STATE Amalgamated Bank 1825 K St NW	ZIP CODE

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

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safety deposit boxes or ma			Telephone Number L	sits funds, holds accounts, rents
Banks or Other Depositor cafety deposit boxes or many Name of Bank, Depository, etc.	intains funds. lic Bank		·	sits funds, holds accounts, rents
Banks or Other Depositor cafety deposit boxes or many Name of Bank, Depository, etc.	intains funds. lic Bank		·	sits funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or ma	iintains funds.	or other depositories in whi	·	sits funds, holds accounts, rents
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION		I		
	▼	CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address	(phone number – optional)		
Connected	d Organization	Affiliated Committee X Jo	pint Fundraising Represer	tative Leadership PAC Spo
Relationship:		CITY A	STATE 4	ZIP CODE A
	Lexington		KY	40588
Mailing Address	PO Box 9			
	DO 5 . 3			
Name of Any Connected Service First Worr			ndraising Representati	ve, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	
3.			FEC ID number	С
2			FEC ID number	C

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4		FEC ID number	C
ا Slotkin Stevens ٖ Slotkin Stevens	d Organization, Affiliated Committee, Joint Fun √iCtOry	draising Representative	e, or Leadership PAC Spons
Mailing Address	918 PENNSYLVANIA AVENUE SE		
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connecto		int Fundraising Representa	ative Leadership PAC Spo
Connecte Connecte Connecte Connecte Connecte Connecte	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	int Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	ed Organization Affiliated Committee Affiliated Committee Journal of the second of	int Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee Affiliated Committee Journal of the second of		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee CITY	STATE A Telephone Number	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Type Affiliated Committee Affiliated Committee Type Affiliated Committee Affiliated Committee Type Affiliated Committee	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or mailing and mailin	Affiliated Committee Affiliated Committee Type Affiliated Committee Affiliated Committee Type Affiliated Committee Affiliated Committee Type Affiliated Committee	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit tafety deposit boxes or make the state of Bank, Eagle	Affiliated Committee Affiliated Committee City by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or	Affiliated Committee Affiliated Committee Type Ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or	Affiliated Committee Affiliated Committee Type Ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

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

Page _____ **of** ______

Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc. Mailing Address	▼ ories: List all bank	CITY s or other depositories in wh	STATE ▲ Telephone Number	ZIP CODE ZIP CODE its funds, holds accounts, rents
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼ ories: List all bank	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼ ories: List all bank	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	▼ ories: List all bank	CITY A	STATE ▲ Telephone Number	ZIP CODE A
			STATE ▲	
			STATE ▲	
Mailing Address				<u> </u>
Mailing Address				
Mailing Address				
	1	<u> </u>		
Full Name				
esignated Agent: Identify	y by name, addres	ss (phone number – optional))	
Connected	d Organization	Affiliated Committee X J	oint Fundraising Represen	tative Leadership PAC Sp
Relationship:		CITY A	STATE A	ZIP CODE ▲
	Washington	<u> </u>	DC	20006
		<u> </u>		
Mailing Address	910 17th St NV	/ Ste 925		
ame of Any Connected MEECA VICTOR		iliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spons
			,	
4.			FEC ID number	С
0.			FEC ID number	C
3.			FEC ID number	С
1			J	

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

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h). Joint Fundraisi	3		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
VoteVets 2022 V	ictory Fund		
Mailing Address	PO Box 11293		
	Portland	OR	97211
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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n). Joint Fundraising	Tartioipant.			
1.			C ID number	С
2.		FE	C ID number	C
3.		FE	C ID number	С
4.		FE	C ID number	C
	Organization, Affiliated Committee, Jo	int Fundraising	Representativ	e, or Leadership PAC Spor
ELECT DEMOCRA	ATIC WOMEN 2022			
Mailing Address	600 PENNSYLVANIA AVE SE #15180			
	WASHINGTON		DC	20003
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee		aising Represent	ative Leadership PAC S
	Organization Affiliated Committee by name, address (phone number – or		aising Represent	ative Leadership PAC S
esignated Agent: Identify			aising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name			aising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name		otional)		ative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – op	otional)		
esignated Agent: Identify Full Name	by name, address (phone number – op	otional)		
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Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositori	by name, address (phone number – op	otional) Telephor	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main	by name, address (phone number – op	otional) Telephor	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring deposition boxes or main arme of Bank, epository, etc.	by name, address (phone number – op	otional) Telephor	STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ng Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spor
PROTECT THE	HOUSE MAJORITY VICTORY FUND) 	
	<u> </u>		
Martin Addition	611 PENNSYLVANIA AVENUE SE		
Mailing Address	SUITE 143		
			00000
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	Leadership PAC S
	Affiliated Committee Joint Joint y Joint y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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5(g) c	or(h). Joint Fundraisin ç	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected (NewDem Action F	Organization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	910 17th St NW Ste 925		
		w		00000
	5 1 22 12	Washington	DC	20006
	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joint Fo	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
			_	
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	L	1	phone Number	
9.				
	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. Mailing Address	ries: List all banks or other depositories in which the intains funds.	e committee deposi	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.		e committee deposi	ts funds, holds accounts, rents