**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. Jobs, Education, & Families First JEFF PAC 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 COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00617803 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. Type or Print Name of Treasurer Toren, Cathy,, Date 04 80 2024 Signature of Treasurer Toren, Cathy, , , 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

| FE | C Form          | 1 (Revised 03/2022)  | Page 2                |
|----|-----------------|--|-----------------------|
|    | TYPE C          | OF COMMITTEE:  |                       |
|    | Candid          | date 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 information below.)  | ne candidate          |
|    | Name<br>Candi   |  |                       |
|    | Candid<br>Party | date Office House Senate President   | State                 |
|    | (c)             | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                       |
|    |                 | ne of<br>didate  |                       |
|    | Party (         | Committee:   |                       |
|    | (d)             | This committee is a (National, State (Democration or subordinate) committee of the Republican  | c,<br>, etc.) Party   |
|    | Politica        | al Action Committee (PAC):   |                       |
|    | (e)             | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect   | ed organization is a: |
|    |                 | Corporation Corporation w/o Capital Stock Labor C  | Organization          |
|    |                 | Membership Organization Trade Association Cooper   | ative                 |
|    |                 | In addition, this committee is a Lobbyist/Registrant PAC.  |                       |
|    | (f) X           | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)   | ed 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 P   | AC).                  |
|    |                 | In addition, this committee is a Lobbyist/Registrant PAC.  |                       |
|    | Joint F         | 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. | 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.         | or more political     |
|    | Com             | mittees Participating in Joint Fundraiser  |                       |
|    | 1.              | C  |                       |
|    | _               |  |                       |

| ı      | FEC Form 1 (Revised 02                          | 2/2009)  |                          | Page <b>3</b>       |
|--------|---|--|--------------------------|---------------------|
| ٧      | Vrite or Type Committee Name                    |  |                          |                     |
|        | Jobs, Education,                                | & Families First JEFF PAC                                  |                          |                     |
| 6.     |   | ganization, Affiliated Committee, Joint Fundraising Repres | sentative, or Leadershi  | p PAC Sponsor       |
|        | Jeffries, Hakeem, , ,                           |  |                          |                     |
|        |   |  |                          |                     |
|        |   | 1915 Fulton St.  |                          |                     |
|        | Mailing Address                                 |  |                          |                     |
|        |   | PO Box 380438  |                          |                     |
|        |   | Brooklyn   | NY 11238                 |                     |
|        |   | CITY A   | STATE ▲ Z                | IP CODE ▲           |
|        | Relationship: Connected                         | Organization Affiliated Organization Joint Fundraising     | Representative X Le      | adership PAC Sponso |
|        |   |  |                          |                     |
|        |   |  |                          |                     |
| 7.     | Custodian of Records: Identi books and records. | y by name, address (phone number optional) and position of | the person in possession | n of committee      |
|        |   |  |                          |                     |
|        | Kyriacopoul                                     | os, Janica, , ,  |                          |                     |
|        |   | PO Box 65322   |                          |                     |
|        | Mailing Address                                 |  |                          |                     |
|        |   |  |                          |                     |
|        |   | Washington   | DC 20035                 | -   -               |
|        |   | CITY ▲   | STATE ▲ Z                | IP CODE ▲           |
|        | Title or Position ▼                             |  |                          |                     |
|        | Assistant Treasurer                             | Talanhara armsh  | 202   62                 | 28     1580         |
|        |   | Telephone numb   | per                      |                     |
| —<br>o | Traceurer: List the name and                    | address (phone number optional) of the treasurer of the    | committee; and the nam   | o and address of    |
| J.     | any designated agent (e.g., a                   |  | committee, and the nam   | le and address of   |
|        | Full Name Toren, Cath                           | V  |                          |                     |
|        | of Treasurer                                    |  |                          |                     |
|        | Mailing Address                                 | PO Box 65322   |                          |                     |
|        |   |  |                          |                     |
|        |   | Washington   | DC 20035                 | -                   |
|        |   | CITY   | CTATE A 3                | UD CODE A           |
|        | Title or Position ▼                             | CITY ▲   | STATE ▲ Z                | IP CODE ▲           |
|        | Treasurer                                       | Telephone numb   | per 202 - 20             | 44   -   2183       |

| FEC Form 1                          | (Revised 02/2009)  | Page <b>4</b>        |
|-------------------------------------|--|----------------------|
| Full Name of<br>Designated<br>Agent |  |                      |
| Mailing Address                     |  |                      |
|                                     |  |                      |
|                                     |  |                      |
| Title or Position                   | CITY ▲ STATE ▲   | ZIP CODE ▲           |
|                                     |  |                      |
| Banks or Other<br>safety deposit bo | <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. | olds accounts, rents |
| Name of Bank, D                     | Depository, etc.   |                      |
|                                     | Amalgamated Bank   |                      |
| Mailing Address                     | 1825 K St NW   |                      |
|                                     |  |                      |
|                                     | Washington DC 20006  | 6                    |
|                                     | CITY ▲ STATE ▲   | ZIP CODE ▲           |
| Name of Bank, D                     | Depository, etc.   |                      |
|                                     |  |                      |
| Mailing Address                     |  |                      |
|                                     |  |                      |
|                                     |  |                      |
|                                     | CITY ▲ STATE ▲   | ZIP CODE ▲           |

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

| Page  | of <sup>8</sup> |  |
|-------|-----------------|--|
| i age | O.              |  |

| or(h). <b>Joint Fundraisin</b>   | g Participant:  |                           |                                |
|--|---|---------------------------|--------------------------------|
| 1.   |   | FEC ID number             | C                              |
| 2.   |   | FEC ID number             | С                              |
| 3  |   | FEC ID number             | C                              |
| 4.   |   | FEC ID number             | C                              |
| Name of Any Connected  | Organization, Affiliated Committee, Joint Fund                      | Iraising Representative   | e, or Leadership PAC Sponsor   |
| Jeffries Victory Fund  |   |                           |                                |
|  |   |                           |                                |
| Mailing Address  | PO Box 65322  |                           |                                |
|  |   |                           | <u> </u>                       |
|  | Washington  | DC                        | 20035                          |
| Relationship:  | CITY A  | STATE ▲                   | ZIP CODE ▲                     |
| Connected  | d Organization Affiliated Committee X Join                          | nt Fundraising Representa | Leadership PAC Sponso          |
| Designated Agent: Identify   | y by name, address (phone number - optional)                        |                           |                                |
| Full Name  |   |                           |                                |
| Mailing Address  |   |                           |                                |
|  |   |                           |                                |
|  |   |                           |                                |
| TITLE OR POSITION  | ▼ CITY ▲  | STATE ▲                   | ZIP CODE ▲                     |
|  | 1   | Telephone Number          |                                |
| Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which aintains funds. | n the committee deposit   | s funds, holds accounts, rents |
|  |   |                           |                                |
| Mailing Address  |   |                           |                                |
| Mailing Address  |   |                           |                                |

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

Page \_\_\_ **of** 8\_\_\_

| (h). <b>Joint Fundraisir</b>   | <b>3</b> · ········   |                            |                            |
|--|---|----------------------------|----------------------------|
| 1.   |   | FEC ID number              | C                          |
| 2.   |   | FEC ID number              | C                          |
| 3.   |   | FEC ID number              | C                          |
| 4.   |   | FEC ID number              | C                          |
| lame of Any Connected  | Organization, Affiliated Committee, Joint Fu  | ndraining Danracantativ    | o or Londovskip DAC Spon   |
| Jeffries Majority Fund   |   | Huraising Representativ    | e, or Leauership FAC Spons |
|  |   |                            |                            |
| Mailing Address  | PO BOX 65322  |                            |                            |
|  |   |                            |                            |
|  | Washington  | DC                         | 20035                      |
| Relationship:  | CITY ▲  | STATE ▲                    | ZIP CODE ▲                 |
|  | d Organization Affiliated Committee X J   | oint Fundraising Represent | ative Leadership PAC Sp    |
|  |   |                            | ative Leadership PAC Sp    |
| esignated Agent: Identif   |   |                            | ative Leadership PAC Sp    |
| esignated Agent: Identif   |   |                            | ative Leadership PAC Sp    |
| esignated Agent: Identif   |   |                            | ative Leadership PAC Sp    |
| esignated Agent: Identif   | y by name, address (phone number – optional   |                            | Leadership PAC Sp          |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   | y by name, address (phone number – optional   |                            |                            |
| esignated Agent: Identif  Full Name  | y by name, address (phone number – optional CITY A  CITY A  ries: List all banks or other depositories in whaintains funds. | STATE A  Telephone Number  | ZIP CODE A                 |
| esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail | y by name, address (phone number – optional CITY A  CITY A  ries: List all banks or other depositories in whaintains funds. | STATE A  Telephone Number  | ZIP CODE A                 |
| esignated Agent: Identification Full Name  | y by name, address (phone number – optional CITY A  CITY A  ries: List all banks or other depositories in whaintains funds. | STATE A  Telephone Number  | ZIP CODE A                 |

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

| Page  | of <sup>8</sup> |  |
|-------|-----------------|--|
| 1 aye | OI.             |  |

| h). <b>Joint Fundraisi</b>  | ig Farticipant.   |                           |                           |
|---|---|---------------------------|---------------------------|
| 1   |   | FEC ID number             | С                         |
| 2.  |   | FEC ID number             | С                         |
| 3.  |   | FEC ID number             | С                         |
| 4.  |   | FEC ID number             | С                         |
|   |   |                           |                           |
| Empire State Strikes  | Organization, Affiliated Committee, Joint Fu  Back  | ndraising Representativ   | e, or Leadership PAC Spon |
|   |   |                           |                           |
| Mailing Address   | PO Box 65322  |                           |                           |
|   |   |                           |                           |
|   | Washington  | DC                        | 20035                     |
| Relationship:   | CITY A  | STATE A                   | ZIP CODE A                |
| Connecte  |   | oint Fundraising Represen | tative Leadership PAC Sp  |
| Connecte esignated Agent: Identi  | Affiliated Committee X J  fy by name, address (phone number – optional)   |                           | tative Leadership PAC Sp  |
| Connecte  |   |                           | tative Leadership PAC Sp  |
| esignated Agent: Identi   |   |                           | tative Leadership PAC Sp  |
| esignated Agent: Identi   |   |                           | tative Leadership PAC Sp  |
| esignated Agent: Identi   | fy by name, address (phone number – optional)   |                           | Leadership PAC Sp         |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)   |                           |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE ▲ Telephone Number  | ZIP CODE A                |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,                 | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE ▲ Telephone Number  | ZIP CODE A                |
| esignated Agent: Identification  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   pries: List all banks or other depositories in which | STATE ▲ Telephone Number  | ZIP CODE A                |

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

| Page  | of <sup>8</sup> |  |
|-------|-----------------|--|
| 1 aye | OI.             |  |

| 1.   |  | FEC ID number                      | С                                   |
|--|--|------------------------------------|-------------------------------------|
| 2.   |  | FEC ID number                      | С                                   |
| 3.   |  | FEC ID number                      | С                                   |
| 4.   |  | FEC ID number                      | С                                   |
| -  | ed Organization, Affiliated Committee, Joint Fund                          | draising Representative            | e, or Leadership PAC Spons          |
| BLUE TO THE FU   | TURE 2024  |                                    |                                     |
|  |  |                                    |                                     |
| Mailing Address  | 430 SOUTH CAPITOL STREET SE  |                                    |                                     |
|  | 2nd FL   |                                    |                                     |
|  | Washington   | DC                                 | 20003                               |
|  |  |                                    |                                     |
| Relationship:  | CITY ▲ ted Organization Affiliated Committee X Join                        | STATE ▲  nt Fundraising Representa | ZIP CODE ▲ ative Leadership PAC Spo |
| Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connectica  |  |                                    |                                     |
| Connect Connec | ted Organization Affiliated Committee X Join                               |                                    |                                     |
| Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connectica  | ted Organization Affiliated Committee X Join                               |                                    |                                     |
| Connect Connec | ted Organization Affiliated Committee X Join                               |                                    |                                     |
| Designated Agent: Iden Full Name Mailing Address   | Affiliated Committee X Jointify by name, address (phone number – optional) | nt Fundraising Representa          | Leadership PAC Spo                  |
| Connect Connec | ted Organization   |                                    |                                     |