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FEC FORM 1		STATEMENT ORGANIZAT	Office U	PAGE 1 / 4	
1. NAME OF COMMITTEE (ir	n full)		Example:If typing, type over the lines.	12FE4M5	
ADDRESS (number a	nd street)	PO Box 65322			
(Check if a is changed		U Vashington		DC 20035 STATE ▲	– ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if a is changed	address d)	brian@pcmsllc.com			
		Optional Second E-Mail Addres	S		
COMMITTEE'S WEB	address	RESS (URL)			
2. DATE 0	7 / D 06	2021 / Y Y Y Y			
3. FEC IDENTIFIC	CATION NU	MBER ► C C0074	16628		
4. IS THIS STATEM	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined this	s Statement and to the best of r	ny knowledge and belief it is	s true, correct and com	iplete.
Type or Print Name	of Treasurer	Foucart, Brian, , ,			
Signature of Treasure	er <i>Foucar</i>	t, Brian, , ,	[Electronically Filed]	Date 07	06 / Y Y Y Y 2021
NOTE: Submission of		ous, or incomplete information may			Ities of 2 U.S.C. §437g.
Office Use Only			For further information cor Federal Election Commissior Toll Free 800-424-9530 Local 202-694-1100		C FORM 1 vised 06/2012)

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FEC FC	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidat	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)	(National, State	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
	Corporation V/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	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 se committee. (i.e., nonconnected committee)	gregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name

Future Progress

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

Mailing Address				
		CITY	STATE	ZIP CODE
Relationship: Connect	ed Organization	ated Committee	Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address ((phone number optiona	al) and position of the perso	n in possession of committee
Foucart,	Brian, , ,			
Mailing Address	PO Box 65322			
	Washington			20035

Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	2 628 1581

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	Foucart, Brian, , ,
Mailing Address	PO Box 65322
	Washington DC 20035
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent		I	I		1							 	 								1							
Mailing Address																												
		L															1									1		
				1			1	1											1		L					I		
									CI	ΓY								ST	AT E				ZI	ΡC	DE			
Title or Position																												
													Tele	eph	ione	e n	uml	ber										

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.

Am	algamated Bank		
Mailing Address	1825 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Deposi	tory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE