

FEC FORM 1

HAND DELIVERED

STATEMENT OF ORGANIZATION

17.02 174 —

~ RECEIVED

2015 JAN 26 PM 3: 34

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typin over the lines.	ng, type 12FE4M5	MAIL CENTE
Lujan/Lobo Victo	y Fund	<u> </u>	
<u> </u>	<u> </u>		
ADDRESS (number and street)	1050 17th St NW Ste 590		
(Check if address is changed)			
is changes,	Washington CITY ▲	DC 2 STATE A	0036
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	janica@pcmsllc.com		
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) None		
2. DATE 01 2	1 1		
3. FEC IDENTIFICATION N	JMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR AMEN	DED (A)	
I certify that I have examined the	nis Statement and to the best of my knowledge a	and belief it is true, correct a	nd complete.
Type or Print Name of Treasure	Janica Kyriacopoulos		,
Signature of Treasurer Janic	a Kyriacopoulos Jamiu IJuliu	ynuludale Mi	2015
NOTE: Submission of false, erron	eous, or incomplete information may subject the pers ANY CHANGE IN INFORMATION SHOULD BE RE		ne penalties of 2 U.S.C. §437g.
Office Use		nformation contact:	FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

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TYPE	OF C	COMMITTEE	_
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.)	late
Name Candi		<u> </u>	
Candi Party	idate Affiliati	Office State ion Sought: House Senate President District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			! !
Part	y Con	nmittee:	
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	tion is a
		Corporation Corporation w/o Capital Stock Labor Organiz	ation
		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 committee. (i.e., nonconnected committee)	or party
		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)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	al
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	al
	Com	mittees Participating in Joint Fundraiser	
	1,	PEOPLE FOR BEN FEC ID number C C00443689	
	2.	LOBO PAC	
	3.		
	4.		

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Write or Type Committee Nar		
Lujan/Lobo Vid	ctory Fund	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
·		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of the person	on in possession of committee
ſ	Syriacopoulos	
Full Name	,1050 17th St NW Ste 590	
Mailing Address		
•		20036 , ,
	Washington DC	20036
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
1	yriacopoulos	
of Treasurer	1050 17th St NW Ste 590	
Mailing Address	1000 17 11 10 10 10 10 10 10 10 10 10 10 10 10	
	Washington DC CITY STATE	20036 =
Title or Position Treasurer	. 202	1_1 628 1_1 1580
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		<u>. </u>
	<u> </u>	1 1 1 1 1 1
		1-1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, [Depository, etc.	
	Bank of America	
Name of Bank, [Bank of America	
	Bank of America [1801 K St NW [Washington] [Bank of America] [1802 K St NW [Washington] [Bank of America] [1803 K St NW [Washington] [Bank of America] [Ban	
	Bank of America	
	Bank of America [1801 K St NW [Washington] [Bank of America] [1802 K St NW [Washington] [Bank of America] [1803 K St NW [Washington] [Bank of America] [Ban	ZIP CODE
	Bank of America 1801 K St NW Washington CITY STATE	ZIP CODE
Mailing Address	Bank of America 1801 K St NW Washington CITY STATE	ZIP CODE
Mailing Address	Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Mailing Address	Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank, 0	Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	
Mailing Address Name of Bank, 0	Bank of America 1801 K St NW Washington CITY STATE Depository, etc.	

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Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
A_	1/26/15
PREPARER (8/2013)	DATE PREPARED