FEC FORM 1		STATEMEI ORGANIZ		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Stand for N		ork			
ADDRESS (number ar	nd street)	910 17th ST NW Ste 925			
(Check if a is changed		Washington		DC 20006 STATE ▲	– [– [ZIP CODE ▲
COMMITTEE'S E-MA		SS			
(Check if a is changed	ddress	janica@pcmsllc.com			
J	,	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB	ddress	DRESS (URL)			
2. DATE 08	M / D 3 14	D / Y Y Y Y 2018			
3. FEC IDENTIFIC	ation NL		00685263		
4. IS THIS STATEM	IENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	xamined th	is Statement and to the best	of my knowledge and belief	it is true, correct and co	omplete.
Type or Print Name of	of Treasurer	Kyriacopoulos, Janica, , ,			
Signature of Treasure	r Kyriad	copoulos, Janica, , ,	[Electronically Filed]	Date 08	14 / Y Y Y Y 14 2018
NOTE: Submission of			may subject the person signing ON SHOULD BE REPORTED		nalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion F	EC FORM 1 Revised 06/2012)

information below.) Name of Candidate Candidate Party Affiliation	ee. (Complete the candidate information below.) It is NOT a principal campaign committee. (Complete the candidate ouse Senate President State District District didate, and is NOT an authorized committee.
Candidate Committee: (a) This committee is a principal campaign committee, and information below.) (b) This committee is an authorized committee, and information below.) Name of Candidate Candidate Candidate Office Sought:	al, State
 (a) This committee is a principal campaign committee. (b) This committee is an authorized committee, and information below.) Name of Candidate Candidate Office Sought: 	al, State
 (b) This committee is an authorized committee, and information below.) Name of Candidate Candidate Office Sought: 	A is NOT a principal campaign committee. (Complete the candidate ouse Senate President didate, and is NOT an authorized committee. al, State (Democratic,
information below.) Name of Candidate Candidate Party Affiliation	ouse Senate President State didate, and is NOT an authorized committee. Image: Committee in the second secon
Candidate Candidate Party Affiliation	Senate President District District didate, and is NOT an authorized committee. al, State Operatic,
Party Affiliation Sought: He	Senate President District District didate, and is NOT an authorized committee. al, State Operatic,
	al, State (Democratic,
(c) This committee supports/opposes only one cand	
Name of Candidate	
Party Committee:	
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
Membership Organization	Trade Association Cooperative
In addition, this committee is a Lo	bbyist/Registrant PAC.
(f) This committee supports/opposes more than on committee. (i.e., nonconnected committee)	e Federal candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/R	egistrant PAC.
In addition, this committee is a Leadership	PAC. (Identify sponsor on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundra committees/organizations, at least one of which is	ising expenses and disburses net proceeds for two or more political an authorized committee of a federal candidate.
(h) This committee collects contributions, pays fundra committees/organizations, none of which is an aut	ising expenses and disburses net proceeds for two or more political horized committee of a federal candidate.
Committees Participating in Joint Fundraiser	
DELGADO FOR CONGRESS	FEC ID number C C00633859
2. COMMITTEE TO ELECT TEDRA	COBB FEC ID number C C00649061
3	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

Stand for New York

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

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.

Kyriacopou	ulos, Janica, , ,
Full Name	
Mailing Address	910 17th ST NW Ste 925
	1
	Washington DC 20006
Title or Position	CITY STATE ZIP CODE
	Telephone number

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 -
	CITY STATE ZIP CODE
Title or Position	Telephone number

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Full Name of Designated Agent																										
Mailing Address																										
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							CI	TΥ								ST	ATE				ZI	P (DE		
Title or Position																										
											Tele	eph	one	e n	um	ber		L		 - [_						

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.
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Bank c	f America		
Mailing Address	1801 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE