FEC

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10/04/2023 00 : 10

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## STATEMENT OF ORGANIZATION

FORM 1			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Friends of Janelle	Stelson		
ADDRESS (number and street)	PO Box 41		
(Check if address is changed)			
	Lemoyne └──└──└──└── CITY ▲		PA 17043   STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	janica@pcmsllc.com		
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 10 0			
3. FEC IDENTIFICATION N		0852368	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best o	of my knowledge and belief it i	is true, correct and complete.
Type or Print Name of Treasure	r Kyriacopoulos, Janica, , ,		
Signature of Treasurer Kyria	acopoulos, Janica, , ,		Date 10 / D D / Y Y Y Y 2023
NOTE: Submission of false, erron		nay subject the person signing th	nis Statement to the penalties of 52 U.S.C. §301 WITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Stelson, Janelle, , , Candidate State PA Candidate Office DEM House Senate President Party Affiliation Sought: District 10 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 or party committee. (i.e., nonconnected committee) 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).

(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
2.

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Write or Type Committee Name	
Friends of Janelle Stelson	

6.	Name of Any Connected O	rganization, A	ffiliated C	Committee, Joint	Fundraising	Representative, or	Leadership PAC Sponsor
	Mailing Address						
				CITY ▲		STATE 🔺	ZIP CODE
	Relationship: Connected	Organization	Affiliate	ed Organization	Joint Fund	raising Representative	E 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	los, Janica, , ,
Full Name	
Mailing Address	PO Box 65322
	Washington     DC     20035
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 202 - 628 - 1580

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	PO Box 65322			
	Washington     DC     200	135 		
	CITY A STATE A	ZIP CODE		
Title or Position	▼			
Treasurer   202   628   1580     Telephone number   -   -   -				

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A Z	ZIP CODE 🔺
Title or Position ▼		
	Telephone number	

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.

	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington		D6
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, E			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE