Image# 202204189500012552				04/10/2022 13.01
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			0	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Voting Rights De				
ADDRESS (number and street)	910 17th Street, NW			
(Check if address	Suite 925			
is changed)	Washington			006
			STATE	
COMMITTEE'S E-MAIL ADDRI				
 (Check if address is changed) 	brian@pcmsllc.com			
	Optional Second E-Mail Ad	dress		
(Check if address is changed)	https://votebymailpac.org/			
	8 / Y Y Y Y 8 2022			
3. FEC IDENTIFICATION N	UMBER ► C c	00751982		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and	d complete.
Type or Print Name of Treasure	Pr Foucart, Brian, , ,			
Signature of Treasurer	cart, Brian, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 18 2022
NOTE: Submission of false, error		may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF	COMMITTEE
Candida	ate 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 candidate information below.)
Name of Candidate	
Candidate Party Affili	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Part
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	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 part 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.)
Joint Fu	ndraising Representative:
(g)	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.
(h)	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.
Co	ommittees 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

Voting Rights Defense Fund

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

Mailing Address									
	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.

Foucart, B	rian, , ,
Full Name	
Mailing Address	910 17th Street, NW
	Suite 925
	Washigton DC 20006
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 202 628 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	910 17th Street, NW
	Suite 925
	Washington DC 20006 -
	Washington DC 20006 -

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Full Name of Designated Agent										I				1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																										
											Tele	eph	one	e ni	umt	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.

ľ	Amalgamated Bank		
Mailing Address	1825 K Street, NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE