Only

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FEC FORM 1			RGAN						Office	: Use On	ıly		
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		ample:If typinger the lines.	g, type	12F	E4M5					
Van Hollen	•												
	1 1 1							1 1		1 1	1 1	1 1	
ADDRESS (number a	nd street)	10605 Co	ncord St									1 1	
(Check if	address	Ste 202											
is changed	1)	Kensingto	on			<u> </u>	MD		20895		1-1	1 1	
		CIT	ГҮ 🛦				STATI	E 🛦		ZI	P COE	DE 🛦	
COMMITTEE'S E-MA	AIL ADDR	ESS											
(Check if a is changed		janica@	pcmsllc.co	om 									
Ü	,	Optional S	Second E-Ma @vanholle	ail Address en.org	1 1 1 1	1 1 1 1		1 1	1 1 1	1 1	1 1	1 1	, I
COMMITTEE'S WEB	PAGE AI	DDRESS (UF	RL)										
(Check if a is changed		www.vanh	nollen.org										
ŭ	,	1						1 1	1 1 1	1 1	1 1	1 1	, I
2. DATE 1	M / D		Y Y Y 2022										
3. FEC IDENTIFIC	CATION N	IUMBER ▶	C	C0057375	58								
4. IS THIS STATE	MENT	NEW	(N) OI	R ×	AMEND	ED (A)							
certify that I have e	examined	this Statemer	nt and to the	best of my	knowledge an	nd belief it	is true,	correct	and co	omplete			
Type or Print Name	of Treasur	er Kyriacopo	oulos, Janica,	, ,									
Signature of Treasure	er <i>Kyri</i>	acopoulos, Jani	ica, , ,		[Electronically	Filed]	Date	11	/	16	/ Y	2022	Y
NOTE: Submission of	false, erro			-	bject the perso					nalties o	of 52 U	J.S.C. §	30109
Office Use					For further in Federal Election Toll Free 800-4	n Commissio				EC F			

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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 information below.)	candidate
	Name of Candidate Van Hollen, Chris, , ,	
	Candidate Party Affiliation DEM Office Sought: House Fresident	State MD District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	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 Labor Or	ganization
	Membership Organization Trade Association Cooperation	ive
	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 committee. (i.e., nonconnected committee)	fund or party
	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).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAG	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
	C	

	FEC Form 1 (Revised	02/2009)	Page 3	
۷	Vrite or Type Committee Nam			
	Van Hollen fo	r Senate		
6.	=	Organization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor	
	Van Hollen Victory	runa 		
	Mailing Address	10605 Concord St		
		Ste 202		
		Kensington	MD 20895	
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲	
	Relationship: Connecte	d Organization Affiliated Organization 🗶 Joint Fundraising Re	epresentative Leadership PAC Spor	ารด
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	e person in possession of committee	
	Kyriacopo	pulos, Janica, , ,		
	Full Name			_
	Mailing Address	10605 Concord St		
		Ste 202		
		Kensington	MD 20895 - - - -	
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone number	r 301 – 942 – 3768	
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the cor, assistant treasurer).	mmittee; and the name and address of	
	Full Name Kyriacopo	oulos, Janica, , ,		
	of Treasurer			_
	Mailing Address	10605 Concord St		_
		Ste 202		
		Kensington	MD 20895	_
	Tille on Decilies	CITY ▲ ST	TATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone number	r 301 - 942 - 3768	_

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated	Kyriacopoulos, Janica, , ,		1
Agent Mailing Address	10605 Concord St		
	Ste 202 Kensington	, MD , 20895	
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position	Telephone nu	umber 301 -	942 - 3768
. Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commit xes or maintains funds.	ttee deposits funds, hold	ls accounts, rents
Name of Bank, [Depository, etc.		
	M&T Bank		
Mailing Address	10420 Montgomery Ave		
	Kensington	MD 20895	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY ▲	STATE A	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) (or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4		FEC ID number
6.	Name of Any Connected Blue Senate 2022	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor
		600 Pennsylvania Ave SE #15180	
	Mailing Address	000 Pelilisylvalila Ave 3L #13100	
		Washington	DC 20003
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representative Leadership PAC Sponso
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	
	Mailing Address		
		1	
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	lephone Number
9.	safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	=	Organization, Affiliated Committee, Joint Fundra MINGS VICTORY FUND	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	910 17th St NW		
		Ste 925		
		Washington	DC	20006
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		<u> </u>
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A ephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tel ies: List all banks or other depositories in which t intains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	CITY CITY Tel ies: List all banks or other depositories in which t intains funds.	ephone Number	es funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund YAN VICTORY FUND	draising Representative	e, or Leadership PAC Spons
Mailing Address	910 17th St NW		
	Ste 925		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
Connected Connected Pesignated Agent: Identification	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connected Agent: Identification Full Name	Affiliated Committee Affiliated Committee Join Ty by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
resignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Join To by by name, address (phone number – optional) CITY		
resignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Type Join Ty	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, pepository, etc.	Affiliated Committee Affiliated Committee Type Join Ty	STATE A Telephone Number	ZIP CODE A