

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

RECEIVED  
FEC MAIL CENTER

Office use only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines

2009 APR -6 P 12:10  
12FE4M5

New York Victory Protection Fund

ADDRESS (number and street)

1341 G Street, NW

Suite 740

(Check if address  
is changed)

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

NYVictoryProtection@pcmsllc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

none

2. DATE

MM / DD / YYYY  
04 / 06 / 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Janica Kyriacopoulos

Signature of Treasurer

*Janica Kyriacopoulos*

Date

MM / DD / YYYY  
04 / 06 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

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## 5. TYPE OF COMMITTEE (Check One)

**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 candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

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 ☐ (Democratic,  
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 Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

- (f) ☐ 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.)

**Joint Fundraising 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.

**Committees Participating in Joint Fundraiser**

1. SCOTT MURPHY FOR CONGRESS COMMITTEE FEC ID number
2. NEW YORK STATE DEMOCRATIC COMMITTEE FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

C	C00458893
C	C00143230
C	
C	

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Write or Type Committee Name

**New York Victory Protection Fund**

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

**NEW YORK STATE DEMOCRATIC COMMITTEE**

Mailing Address

**461 Park Avenue South****10th Floor****New York****NY****10016**

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.

Full Name

**Janica Kyriacopoulos**

Mailing Address

**1341 G Street, NW****Suite 740****Washington****DC****20005**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**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**Janica Kyriacopoulos**

Mailing Address

**1341 G Street, NW****Suite 740****Washington****DC****20005**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**Telephone number **202** - **628** - **1580**

29030062650

Full Name of  
Designated  
Agent

**Brian Foucart**

Mailing Address

**1341 G Street, NW**

**Suite 740**

**Washington**

**DC**

**20005**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Assistant Treasurer**

Telephone number

**202**

**628**

**1581**

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.

**Bank of America**

Mailing Address

**1501 Pennsylvania Avenue, NW**

**Washington**

**DC**

**20005**

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

29030062651

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

SCOTT MURPHY FOR CONGRESS COMMITTEE

Mailing Address

615 GLEN ST

GLENS FALLS

NY

12801

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>4/6/07</i>
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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Jruj PREPARER	<i>4/6/07</i> DATE PREPARED
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(3/2005)

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