FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gordon Rose Fund 910 17th ST NW Ste 925 ADDRESS (number and street) (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address brian@pcmsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2020 C00748822 FEC IDENTIFICATION NUMBER > 3. X 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. Kyriacopoulos, Janica, , , Type or Print Name of Treasurer Kyriacopoulos, Janica, , , [Electronically Filed] 06 16 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ididate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Nam Can	e of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Com	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Fund	raising Representative:	
(g)	x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		706549
	2.	MAX ROSE FOR CONGRESS FEC ID number C C006	652248
	3.	FEC ID number	
	4.		

l		- 0
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Write or Type Committee Name		
Gordon Rose F		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the p	person in possession of committee
	ulos, Janica, , ,	
Full Name	910 17th ST NW Ste 925	
Mailing Address		
	Westigner	,20006
	Washington	20000
Title or Position	CITY STATE	ZIP CODE
Treasurer		202 628 1580
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committeenssistant treasurer).	e; and the name and address of
Full Name Kyriacopou	ılos, Janica, , ,	
Mailing Address	910 17th ST NW Ste 925	
	Washington	20006
T11 D 12	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	202 628 1580

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Full Name of Designated Agent		
Mailing Address		
T111 D 111	CITY STATE	ZIP CODE
Title or Position		
6	Depositories: List all banks or other depositories in which the committee deposits funds, holds	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW	<u> </u>
	Depository, etc. Amalgamated Bank	
Name of Bank, I	Depository, etc. Amalgamated Bank	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington DC 20006	ZIP CODE
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	
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