

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends of Jane Harman

ADDRESS (number and street)

PO Box 96

(Check if address is changed)

Torrance

CA

90507

CITY ▲

STATE ▲

ZIP CODE ▲

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

(Check if address is changed)

janica@pcmsllc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

janeharmancongress.com

2. DATE

02 / 09 / 2010

3. FEC IDENTIFICATION NUMBER

C C00255141

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 Trini Jimenez

Signature of Treasurer Electronically Filed by Trini Jimenez

Date 02 / 09 / 2010

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 Use Only

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

FEC FORM 1  
(Revised 02/2009)



Write or Type Committee Name

**Friends of Jane Harman**

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

**None**

Mailing Address

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

**1050 17th St NW, Ste 590**

**Washington**

**DC**

**20036**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Assistant 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

**Trini Jimenez**

Mailing Address

**PO Box 96**

**Torrance**

**CA**

**90507**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**

Telephone number

**202**

**628**

**1580**

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

California Bank & Trust

Mailing Address

550 S. Hope Street

Los Angeles

CA

90071

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Bank of America

Mailing Address

730 15th St NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲