FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZAT	ION		
1 0111111 1	(See instructions)			Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Friends of Jan	e Harman			
ADDRESS (number and s	treet) PO Box 96			
(Check if address				
is changed)	Torrance		CA L	90507 -
	СІТ	ГУ▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail	address)		
(Check if address X is changed)	janica@pcmsllc.com			
is changed)			1111	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)	janeharmancongress.co	om 		
2. DATE 0.2	/ D D / Y Y Y Y Y Z 0 1 0			
3. FEC IDENTIFICATION	TION NUMBER C	C00255141	1	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
4. IO THIO OTATEM	in in the second	AWIENDED (A)		
Legify that I have examin	ned this Statement and to the best of my knowled	oe and belief it is true, correct an	d complete	
rootally that make oxami		go and bonor the trae, correct an	a complete	
Type or Print Name of	reasurer Trini Jimenez			
Signature of Treasurer	Electronically Filed by Trini Jimenez	:	Date 0 2	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may sub			es of 2 U.S.C. §437g.
Office		For further information of		FFO FORM 4
Use Only		Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	F	EC F	orm 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One)	
	(a)	X	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. (Comple information below.)	te the candidate
	Name Candi		Jane Harman	
	Candi Party	date Affiliatio	Office X House Senate Presiden	State CA District 36
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name Candi			
	Party	Comm	ittee:	
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
_	Politic	cal Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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. This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg	ated 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 F	undra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			4. FEC ID number C	

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	FEC Form 1 (Revise	d 02/2009)		Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor None Mailing Address				
None Mailing Address	Therius of valle flam	Idii		
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization	6. Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative, or Leade	ership PAC Sponsor
CITY A STATE A ZIP CODE A Relationship: Connected Organization	None			1 1 1 1 1 1 1 1 1
CITY A STATE A ZIP CODE A Relationship: Connected Organization		<u> </u>		<u> </u>
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 Mailing Address 1050 17th St NW, Ste 590 Washington DC 20036 Title or Position V CITY A STATE A ZIP CODE A 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 Mailing Address PO Box 96 Torrance CA 90507 - Title or Position V CITY A STATE A ZIP CODE A Torrance CA 90507 - Title or Position V CITY A STATE A ZIP CODE A	Mailing Address			<u> </u>
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Treasurer Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Leadership PAC Sponsor PAC Sponsor Joseph PAC Sponsor Joseph PAC Sponsor Title or Position ▼		CITY▲	STATE ≜	ZIP CODE
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	Relationship:			
possession of Committee books and records. Full Name Mailing Address 1050 17th St NW, Ste 590 Washington DC 20036 — Title or Position ▼ CITY A STATEA ZIP CODE A 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 Mailing Address PO Box 96 Torrance CA 90507 — Title or Position ▼ CITY A STATEA ZIP CODE A Treasurer Treasurer A 202 628 1580	Connected Organizat	on Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
Title or Position DC 20036	possession of Commit Full Name Jani	tee books and records.		ne person in
Title or Position ▼ CITY A STATE A ZIP CODE A 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 Mailing Address PO Box 96 Torrance CA 90507 - Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer	Maining Address			
Assistant Treasurer Telephone number Z02 - 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 PO Box 96 Torrance CA 90507 - Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer		Washington		20036
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO Box 96 Torrance CA 90507 — Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer	•			
Title or Position ♥ CITY A STATE A ZIP CODE A Treasurer 202 628 1580	name and address of a	any designated agent (e.g., assistant treasu		ttee; and the
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer 202 628 1580	Mailing Address	PO Box 96		
Treasurer 202 628 1580		Torrance	CA	90507
Treasurer Telephone number 202 _ 628 _ 1580	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
	Treasu	rer	Telephone number	_ 628 _ 1580

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Teleph	none number	
9. Banks or Other Depos	Manager 1 Controlled and a control of the control o		de coccusto vento
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