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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Senate Representation Matters 910 17th Street NW Suite 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 COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00772699 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] 03 16 2021 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 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	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. (Compinformation below.)	ete the candidate
	ne 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.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Joir	nt Fund	raising Representative:	
(g)	×	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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	TAMMY FOR ILLINOIS FEC ID number C C005	74889
	2.	CATHERINE CORTEZ-MASTO FOR SENATE FEC ID number C C0057	75548
	3.	ONE VOICE FEC ID number C C0040	03071
	4.		

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Write or Type Committee		·
Senate Repr	esentation Matters	
•	ted Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the	ne person in possession of committee
Kyria Full Name	acopoulos, Janica, , ,	
Mailing Address	910 17th Street NW Suite 925	
	Washington DC	20006
Title or Position	CITY STATE	ZIP CODE
Treasurer		301 - 493 - 6928
	ne and address (phone number optional) of the treasurer of the commi e.g., assistant treasurer).	ttee; and the name and address of
Full Name Kyria of Treasurer	copoulos, Janica, , ,	
Mailing Address	910 17th Street NW Suite 925	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1_1 1
	Telephone number	
	Depository, etc.	
	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc.	ZIP CODE