FEC

FORM 1

RECEIVED FEC MAIL CENTER

STATEMENT OF ORGANIZATION

(See instructions)

2008 OCT -9 PH 3: 00

	(000 11011 4011			Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	e age commence est
Southeastern Pennsylv	ania Victory Fund			لبيستست
1	11111111		11111	
ADDRESS (number and street)	499 S. Capitol St, St	W		
(Check if address	Suite 404			
is changed)	Washington		PC	20003
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES				
SEPAVF@pcmsllc.com			1.1.1.1.1.1.1	
		1111111111		
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
None				
1				
2024881446	لبيا			
2. DATE M M / D 0	8 2008			
3. FEC IDENTIFICATION NUN	IBER	C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Sta	tement and to the best of my kr	nowledge and belief it is true, correc	t and complete	
Type or Print Name of Treasurer	Lindsay Angert			
Signature of Treasurer Electro	YMday M hitally Filed by Hindsay	Angerholzer	Date 76	18.812008
NOTE: Submission of false, erroneou	•	ay subject the person signing this St ATION SHOULD BE REPORTE	•	•
Office Use Only FE3AN042.PDF		For further informatic Federal Election Comm Toli Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 12/2007)

F	EC F	orm 1 (Revised 12/2007)		Page 2
		MMITTEE (Check One)		
Candi	date C	ommittee:		
(a)	 i	This committee is a principal campaign	committee. (Complete the candidate infor	mation below.)
(b)	, d	This committee is an authorized comminformation below.)	ttee, and is NOT a principal campaign con	nmittee. (Complete the candidate
Name Candi		<u></u>		
Candi Party	date Affiliatio	Office Sought:	House Senate	State President District
(c)		This committee supports/opposes only of	one candidate, and is NOT an authorized o	committee.
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 segregate	d fund. (Identify connected organization or	n line 6.) Its connected organization is a:
	કેંગ્ર જાબાર્ટ	Corporation	Corporation w/o Capital Stock	Labor Organization
		React T	gearg	i i i
	"+ came	Membership Organization	Trade Association	Cooperative
(f)		This committee supports/opposes more committee. (i.e., nonconnected committee	than one Federal candidate, and is NOT a se)	a separate segregated fund or party
		In addition, this committee is a Le	adership PAC. (Identify sponsor on line 6.))
 Joint	Fundra	Ising Representative:	.,	
(g)	X		ays fundraising expenses and disburses no if which is an authorized committee of a fe	
(h)	SHARE!	This committee collects contributions, pacommittees/organizations, none of which	ays fundraising expenses and disburses no	et proceeds for two or more political andidate.
	Com	nittees Participating in Joint Fundraiser		
		PATRICK MURPHY FOR CO	NGRESS FEC ID number	C C00411991
		2. BOB ROGGIO FOR CONGR	RESS COMMITTEE, THE	C : C00444034
		3.	FEC ID number	C
		4.	FEC ID number	C
		5. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number	C

	12/2007)	Page3
Write or Type Committee Name		
Southeastern Pennsyl		
3. Name of Any Connected C	rganization, Affiliated Committee, Leadership PAC Sponsor or J	Joint Fundraising Representative
, NONE		<u> </u>
<u> </u>		<u> </u>
Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1
		<u> </u>
	CITY ▲ ST	TATE A ZIP CODE A
Relationship: Connected Organization	n Affiliated Committee Leadership PAC Sponsor	Joint Fundraising Representative
	lentify by name, address, (phone number – optional), and po	osition of the person in
Full Name iii	a Kyriacopoulos	<u></u>
ı Janic	a Kyriacopoulos	<u></u>
Full Name Janic	a Kyriacopoulos 1341 G St, NW Suite 740	DC 20005 _
Full Name Janic	1341 G St, NW Suite 740 Washington	
Full Name Janic Mailing Address Title or Position ♥	1341 G St, NW Suite 740 Washington	DC 20005
Full Name Janic Mailing Address Title or Position Assistan	1341 G St, NW Suite 740 Washington	DC 20005
Full Name Mailing Address Title or Position Assistan Treasurer: List the name name and address of ar Full Name	1341 G St, NW Suite 740 Washington CITY A ST Telephone number — optional) of the treasurer of	DC 20005
Full Name Mailing Address Title or Position Assistan Treasurer: List the name name and address of ar	1341 G St, NW Suite 740 Washington CITY A ST Telephone number — optional) of the treasurer of my designated agent (e.g., assistant treasurer).	DC 20005
Full Name Mailing Address Title or Position Assistan 8. Treasurer: List the name name and address of ar Full Name of Treasurer Linds	1341 G St, NW Suite 740 Washington CITY A ST Telephone number — optional) of the treasurer of by designated agent (e.g., assistant treasurer).	DC 20005
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FEC Form 1 (Revi	sed 12/2007)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		ephone number	
safety deposit boxes or	maintains funds.	committee deposits funds,	holds accounts, rents
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. ank of America	·	
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DATE PREPARED

(3/2005)

PREPARER