FEC

STATEMENT OF

FORM 1	ORGANIZA	TION	
	(See instructions	5)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
80-20 PAC			
ADDRESS (number and	street) 5 Farm House Rd	111111111	
(Check if add	ress		
x is changed)	Newark		DE 19711 - 1
	(CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
	<u> </u>		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S FAX	NUMBER		
با لبنا			
2. DATE M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER C	C00346015	
4. IS THIS STATE!	MENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my know	ledge and belief it is true, correct an	d complete
Time or Drint Name of	Treasurer Jing-Li Yu		
Type or Print Name of	rreasurer		
Signature of Treasure	r Electronically Filed by Jing-Li Yu		Date 12 / 29 / Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete information may s	subject the person signing this State	,
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

FE3AN042.PDF

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5.		COMMITTEE (Check One) ce 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. (Complete the information below.)	e candidate				
	Name of Candidate	e <u> </u>					
	Candidate Party Affil		State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate	9					
	Party Cor						
	(d)		Democratic, Republican,etc.) Party.				
	Political A	Political Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:				
		Corporation Corporation w/o Capital Stock Labor	or Organization				
		Membership Organization Trade Association Coo	perative				
	(f) X	fund or party					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fun	draising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
	C	ommittees Participating in Joint Fundraiser					
		1 FEC ID number C					
		2 FEC ID number C					
		3. FEC ID number					
		4. FEC ID number					
		FEC ID number					

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Write or Type Committee Name					
80-20 PAC					
6. Name of Any Connected Org	panization, Affiliated Committee, Leadership F	PAC Sponsor or Joint Fundrais	ing Representative		
NONE					
Mailing Address					
	CITY▲	STATE ▲	ZIP CODE		
Relationship:					
Connected Organization	Affiliated Committee Leader	rship PAC Sponsor Joint	Fundraising Representative		
possession of Committee	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	43-34 Union St				
	#6D				
	Flushing		11355		
Title or Position ▼ Treasurer	CITY A	STATE ▲ Telephone number 347	ZIP CODE 1 - 247 - 9035		
	and address (phone number optional) o designated agent (e.g., assistant treasure		tee; and the		
Full Name of Treasurer Jing-Li	Yu				
Mailing Address	43-34 Union St				
	#6D				
	Flushing	NY	11355		
Title or Position ♥	CITY A	STATE▲	ZIP CODE A		
Treasurer		Telephone number	_ 247 _ 9035		

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Teleph	none number	
Banks or Other Deposite safety deposit boxes or ma	ories: List all banks or other depositories in which the co aintains funds.	mmittee deposits funds, ho	lds accounts, rents
Banks or Other Deposite safety deposit boxes or management of Bank, Depository	aintains funds.	mmittee deposits funds, ho	lds accounts, rents
safety deposit boxes or managery Name of Bank, Depository	aintains funds.	mmittee deposits funds, ho	lds accounts, rents
safety deposit boxes or managery Name of Bank, Depository	aintains funds. y, etc. IC Bank		
safety deposit boxes or management Name of Bank, Depository	aintains funds. y, etc. IC Bank		
safety deposit boxes or management Name of Bank, Depository	aintains funds. y, etc. IC Bank		
safety deposit boxes or management Name of Bank, Depository	aintains funds. y, etc. IC Bank P.O.Box 609		
safety deposit boxes or management Name of Bank, Depository	aintains funds. y, etc. IC Bank P.O.Box 609 Pittsburgh CITY CITY A	PA PA	15230 _ 9738
safety deposit boxes or management of Bank, Depository PN Mailing Address Name of Bank, Depository	aintains funds. y, etc. IC Bank P.O.Box 609 Pittsburgh CITY CITY A	PA PA	15230 _ 9738
safety deposit boxes or management of Bank, Depository PN Mailing Address Name of Bank, Depository	aintains funds. y, etc. IC Bank P.O.Box 609 Pittsburgh CITY y, etc. IC Bank P.O. Box 609	PA PA	15230 9738 ZIP CODE _A
safety deposit boxes or management in Name of Bank, Depository PN Mailing Address Name of Bank, Depository	aintains funds. y, etc. IC Bank P.O.Box 609 Pittsburgh CITY y, etc. IC Bank P.O. Box 609	PA STATE A	15230 9738 ZIP CODE _A
safety deposit boxes or management in Name of Bank, Depository PN Mailing Address Name of Bank, Depository	eintains funds. y, etc. IC Bank P.O.Box 609 Pittsburgh CITY y, etc. IC Bank P.O. Box 609	PA STATE A	15230 9738 ZIP CODE &

Banks or Other Depositories: safety deposit boxes or maintain		mmittee deposits funds, holds	accounts, rents
Name of Bank, Depository, etc.	is rands.]	ADDITIONAL]
PNC Ba	ank		1
	D.O. Boy 600		
Mailing Address	P.O. Box 609		
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Leadership PAC S	ponsor or Joint Fundraisin	[ADDITIONAL] Representative
Mailing Address			
elationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC S	Sponsor Joint Fundra	aising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			=
Title or Position ♥	CITY A		ZIP CODE A
Title or Position ♥		STATE ▲ ephone number	ZIP CODE A
Title or Position ▼ Joint Fundraiser Participant		ephone number	ZIP CODE & [ADDITIONAL]

Banks or Other Depositories safety deposit boxes or maintain		which the committee deposits fu	inds, holds accounts, rents
Name of Bank, Depository, etc.	io rando.		[ADDITIONAL]
	ank, Inc.		
Mailing Address	P.O. Box 609		
	Pittsburgh	PA	15230
	CITY 🗖	STATE⊿	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Leade	rship PAC Sponsor or Joint Fo	[ADDITIONAL] undraising Representative
Mailing Address			
Relationship:	CITY	STATE	ZIP CODE
Connected Organization	Affiliated Committee Lead	dership PAC Sponsor	oint Fundraising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STAT	E▲ ZIP CODE ▲
		Telephone number	
Joint Fundraiser Participant		·	[ADDITIONAL]
		FEC ID number	C
			