FEC FORM 1	STATEMEN ORGANIZA	-	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
	346 MINNEOLA ST		
ADDRESS (number and street) (Check if address is changed)	L		IL 60521 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)			
	Optional Second E-Mail Addre	988 	
COMMITTEE'S WEB PAGE AI	DDRESS (URL)		
	D2 / Y Y Y Y 2020		
3. FEC IDENTIFICATION N	NUMBER ► C COO	659847	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the best of	f my knowledge and belief it i	is true, correct and complete.
Type or Print Name of Treasur	er Yang, Jianing, , ,		
Signature of Treasurer	g, Jianing, , ,	[Electronically Filed]	Date 09 / 02 / Y Y Y Y 2020
NOTE: Submission of false, erro	neous, or incomplete information ma ANY CHANGE IN INFORMATION		nis Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 202009029267076348

-			_
F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	e 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. (Complet information below.)	e the candidate
Name Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)			nocratic, ublican, etc.) Part
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is
		Corporation Corporation w/o Capital Stock	bor Organization
		Membership Organization Trade Association	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ASIAN AMERICAN GOP COALITION PAC

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

	Mailing Address					
		CI	ITY		STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated	Committee Jo	pint Fundraising R	epresentative	eadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	itify by name, address (pho	one number option	onal) and positior	of the person in po	ssession of committee
	Full Name					
	Mailing Address					
	Title or Position	CI	ΤY	S	TATE	ZIP CODE
				Telephone numbe	er	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number -				ame and address of
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Yang, Jian	d address (phone number - assistant treasurer).	optional) of the t		ommittee; and the na	ame and address of
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Yang, Jian	d address (phone number - assistant treasurer).	optional) of the t		ommittee; and the na	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Yang, Jian of Treasurer	d address (phone number - assistant treasurer). ing, , ,	optional) of the t		ommittee; and the na	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Yang, Jian of Treasurer Mailing Address	d address (phone number - assistant treasurer). ing, , ,	optional) of the t		ommittee; and the na	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Yang, Jian of Treasurer	d address (phone number - assistant treasurer). ing, , , 1104 Lockwood Dr	optional) of the t		IL 60089 TATE 267	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

L	Evergreen Bank Group		
Mailing Address	1 Grant Square		
	Suite 100		
	Hinsdale	IL 60521	
	CITY	STATE ZIP	CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP	CODE