Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. AMERICAN UNITY PAC INC PO BOX 833 ADDRESS (number and street) (Check if address is changed) Annandale 22003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address info@americanunitypac.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.americanunitypac.com (Check if address is changed) DATE 2023 C00523589 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. Parsons-Schwarz, Nathan, , , Type or Print Name of Treasurer Parsons-Schwarz, Nathan, , , [Electronically Filed] 06 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC	Form 1	1 (Revised 03/2022)	Page 2					
. т	YPE O	PE OF COMMITTEE:						
C	Candidate Committee:							
(a	1)	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 information below.)	the candidate					
	Name Candid	1						
	Candid Party A	date Office House Senate President	State					
(0	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Nam Cand	ne of didate						
P	Party Committee:							
(0	1)	This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party					
Р	Political Action Committee (PAC):							
(6)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:					
		Corporation Corporation w/o Capital Stock Labor	Organization					
		Membership Organization Trade Association Coope	erative					
	In addition, this committee is a Lobbyist/Registrant PAC.							
(f	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)							
		In addition, this committee is a Lobbyist/Registrant PAC.						
(9	(g) This committee is an independent expenditure-only political committee (Super PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
(h	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
J	oint F	Fundraising Representative:						
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
(j)		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	nmittees Participating in Joint Fundraiser						
	1.	C						
		C						

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٧	Vrite or Type Committee Name	NITY PAC INC						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE							
	Mailing Address							
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Relationship: Connected	d Organization Affiliated Organization	on Joint Fundraising	g Representative	Leadership PAC Sponsor			
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number	optional) and position o	of the person in possess	sion of committee			
	Parsons-S	schwarz, Nathan, , ,						
	Full Name							
	Mailing Address	PO Box 833						
		Annandale		VA 22039				
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Title or Position ▼							
	Treasurer		Telephone num	nber 202	750 - 7226			
3.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optiona assistant treasurer).	I) of the treasurer of the	committee; and the n	ame and address of			
		Schwarz, Nathan, , ,			1			
	of Treasurer	PO Box 833						
	Mailing Address	. 5 55 55 55						
		Annandale		VA 22039				
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Title or Position ▼							
	Treasurer		Telephone num	nber <u>202</u>	750 - 7226			

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
		Telephone number					
Banks or Other Deposi safety deposit boxes or	itories: List all banks or other depositories in w maintains funds.	hich the committee deposits fund	s, holds accounts, rents				
Name of Bank, Deposito	ory, etc.						
Truis	st						
Mailing Address	1445 New York Ave NW						
	Washington	DC 2	20005				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Deposito	Name of Bank, Depository, etc.						
Cha	in Bridge Bank						
Mailing Address	1445-A Laughlin Ave						
	McLean	VA2	22101				
	CITY ▲	STATE ▲	ZIP CODE ▲				