FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
80-20 National	Asian American P	AC		
ADDRESS (number and street	41-18 Crescent Street			
Check if address	10-C			
is changed)	Long Island City		NY 1110'	· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S E-MAIL ADD				
(Check if address is changed)	jingliyu@gmail.com			
	Optional Second E-Mail Add	Iress		
(Check if address is changed)				
2. DATE 08	21 / Y Y Y Y 2011			
3. FEC IDENTIFICATION	NUMBER ► C co	00346015		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	d this Statement and to the best	of my knowledge and belief in	t is true, correct and c	omplete.
Type or Print Name of Treas	urer Kathleen To			
Signature of Treasurer	athleen To	[Electronically Filed]	Date 03	22 / Y Y Y Y 2013
NOTE: Submission of false, er	roneous, or incomplete information r ANY CHANGE IN INFORMATIO			enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	ion 🔽	EC FORM 1 (Revised 06/2012)

03/22/2013 00 : 07

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TYPE OF C	COMMITTEE
	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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	ion Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
(g)	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.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Corr	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

80-20 National Asian American PAC

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

Mailing Address										
	CITY	STATE	ZIP CODE							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor										

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Jing-Li Yu	
Full Name	
Mailing Address	220-55 46th Ave.
	11W
	Bayside NY 11361
Title or Position	CITY STATE ZIP CODE
board member	Telephone number 718 225 3790

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Kathleen To
Mailing Address	510 County Road 200 D Twin Creek R
	Burnet
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 830 - 798 - 9302

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Full Name of Designated Agent			 																							1					
Mailing Address																															
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						СП	ΓY											STA	ΤE						ZIF	o C	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>] –				_				

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.

	ank, Inc.		
Mailing Address	P.O. Box 609		
	Pittsburgh	PA 15230	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE