(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		Ol	RGAN	IZAT	ION	1												
												C	Office	Use C	nly			
1. NAME OF COMMITTEE (ir	n full)		check if name changed)		xample ver the	e: If typi lines.	ng, typ	e	1:	2FE	4M	5						
USACS PAC	}																	
		1 1 1 1	1 1 1 1	1 1 1	1 1	1 1 1	1 1	1	l l		ı	1 1	ı	1 1	ı	1 1	ı	. 1
ADDDESS		4535 Dres	sler Rd NW															
ADDRESS (number a	,																	
is changed																		
		Canton							L	DH 		44	718			- 📙		
		CIT	ΥΔ						Sī	ATE	A			Z	IP C	CODE	= A	
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		usacspac	c@usacs.com	n 														
		Optional S	Second E-Ma	il Address														
COMMITTEE'S WEB (Check if a is changed	address	PRESS (UR	L)															
2. DATE 02			y y y 2024															
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C00544	957													
4. IS THIS STATEN	MENT X	NEW ((N) O l	R		AMEN	IDED ((A)										
I certify that I have e	examined thi	s Statemer	it and to the	best of m	y know	vledge a	and be	elief it	is tr	ue, c	orrec	t and	d cor	mplet	e.			
Type or Print Name	of Treasurer	Russell C	oman, Dacia,	, ,														
Signature of Treasure	er Russe	ell Goman, D	acia, , ,					_	Date)	M 02	2	/ D	07	′		024	Y
NOTE: Submission of	false, errone		mplete inform										pen	alties	of 5	2 U.S	S.C. §	30109
Office Use						further eral Elec				t:				C I	_			

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.0
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAG	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) 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
	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
	Committees Participating in Joint Fundraiser	
	1C	
	\mathbf{C}	

•	FEC Form 1 (Revised 02	2/2009)			Page 3			
٧	Vrite or Type Committee Name							
	USACS PAC							
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	NONE			1 1 1 1				
	Mailing Address							
		<u> </u>						
					I I_I			
		OITY A		TATE	710 0005 4			
		CITY ▲		TATE ▲	ZIP CODE ▲			
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising R	Representativ	e Leadership PAC Sponso			
7.	Custodian of Records: Identi	fy by name, address (phone number	optional) and position of the	he person ir	possession of committee			
	books and records.							
		man, Dacia, , ,						
	Full Name							
	Mailing Address	6611 Marshview Dr						
		<u>.</u>						
		Hilliard		OH	43026-2108			
	Title or Position ▼	CITY ▲	S	TATE ▲	ZIP CODE ▲			
	Treasurer							
	119454151		Telephone number	er				
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) ssistant treasurer).	of the treasurer of the co	ommittee; a	nd the name and address of			
	Full Name Russell Gor	D :						
	of Treasurer Russell Gol	man, Dacia, , , 						
	Mailing Address	6611 Marshview Dr						
		Lilliard		OLL	40000 0400			
		Hilliard		OH	43026-2108			
		CITY ▲	S	TATE 	ZIP CODE ▲			
	Title or Position ▼							
	Treasurer		Telephone number	er				

FEC Form	(Revised 02/2009)		Page 4
Full Name of Designated	(1.0.1002 02.2000)		. 430 .
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone	e number	
	Depositories: List all banks or other depositories in which the con xes or maintains funds.	nmittee deposits fund	ds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	KeyBank N.A.		
Mailing Address	127 Public Square		
	Cleveland	OH	44114
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲