Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Union County Democratic Committee PO Box 3 ADDRESS (number and street) (Check if address is changed) Lewisburg 17837 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DJACOBSON@AMERICANTECHNOLOGYPARTNERS.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2020 C00763748 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. JACOBSON, DAVID, , , Type or Print Name of Treasurer JACOBSON, DAVID, , , [Electronically Filed] 30 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

| ı | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|-----------------------|---|--|
| | | OMMITTEE | i aye Z |
| Can | didate | 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. (Cominformation below.) | plete the candidate |
| Name Cand | e of didate | | |
| | didate / Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | | | |
| Part | ty Con | nmittee: | |
| (d) | × | This committee is a SUB (National, State or subordinate) committee of the DEM | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected organization is a |
| | | 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 secommittee. (i.e., nonconnected committee) | egregated 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.) | |
| Join | t Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political |
| (h) | | 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. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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| FEC Form 1 (Revised 02/2009) Write or Type Committee Name | rage 3 |
| Union County Democratic Committee | |
| - | ducing Depresentative or Leadership DAC Spanner |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fund | araising Representative, or Leadership PAC Sponsor |
| PENNSYLVANIA DEMOCRATIC PARTY | <u> </u> |
| | |
| 229 STATE ST Mailing Address | |
| | |
| HARRISBURG | PA 17101 |
| CITY | STATE ZIP CODE |
| Relationship: Connected Organization 🗶 Affiliated Committee Join | nt Fundraising Representative Leadership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number option books and records. | nal) and position of the person in possession of committee |
| JACOBSON, DAVID, , , | 1 |
| Full Name,361 Forest House Lane | |
| Mailing Address | |
| | 47007 |
| Lewisburg | PA 17837 |
| Title or Position CITY | STATE ZIP CODE |
| | Telephone number 570 - 524 - 0685 |
| Treasurer: List the name and address (phone number optional) of the tre any designated agent (e.g., assistant treasurer). | easurer of the committee; and the name and address of |
| Full Name JACOBSON, DAVID, , , | |
| of Treasurer [361 Forest House Lane | |
| Mailing Address | |
| | |
| Lewisburg | PA 17837 |
| CITY Title or Position | STATE ZIP CODE |
| | elephone number 570 524 - 0685 |

| Full Name of Designated Agent | Mitchell, John, , , 17837 | |
|---|--|----------------|
| Mailing Address | 194 Arrowhead Lane | |
| | | |
| | Lewisburg PA 17837 CITY STATE Z | IP CODE |
| Title or Position Finance Committee | ee Telephone number 717 – 5 | 12 - 3339 |
| paring or Other De | Depositories: List all banks or other depositories in which the committee deposits funds, holds | accounts, ICHS |
| Name of Bank, Dep | | |
| Name of Bank, Dep | epository, etc. First National Bank of PA | |
| Name of Bank, Dep | epository, etc. | |
| Name of Bank, Dep | epository, etc. First National Bank of PA | |
| Name of Bank, Dep | epository, etc. First National Bank of PA | |
| Name of Bank, Dep | First National Bank of PA 311 Market St Lewisburg PA 17837 | ZIP CODE |
| Name of Bank, Dep | First National Bank of PA 311 Market St Lewisburg CITY STATE Z | ZIP CODE |
| Name of Bank, Dep | First National Bank of PA 311 Market St Lewisburg CITY STATE Z | ZIP CODE |
| Name of Bank, Dep | First National Bank of PA 311 Market St Lewisburg CITY STATE Zepository, etc. | ZIP CODE |
| Name of Bank, Dep Mailing Address Name of Bank, Dep | First National Bank of PA 311 Market St Lewisburg CITY STATE Zepository, etc. Susquehanna Community Bank | ZIP CODE |
| Name of Bank, Dep Mailing Address Name of Bank, Dep | First National Bank of PA 311 Market St Lewisburg CITY STATE Zepository, etc. Susquehanna Community Bank | ZIP CODE |