FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Alliance for An	nerican Values	
	1630 South 10th St Apt 3	
ADDRESS (number and stre		
(Check if addrest is changed)	SSPhiladelphia CITY ▲	PA 19148 Image: State ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DDRESS	
 (Check if address is changed) 	ss KBuchanan.inc@gmail.com	
	Optional Second E-Mail Address	
(Check if addrest is changed)	allianceforamericanvalues.com	
2. DATE 04	D D / Y Y Y Y 09 2019	
3. FEC IDENTIFICATIC	NNUMBER ► C C00682369	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Tre	asurer Barsotti, Michael, , ,	
Signature of Treasurer	Barsotti, Michael, , , [Electronically Filed]	Date 04 / 09 / 2019
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	· · · · · · · · · · · · · · · · · · ·
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

04/09/2019 18 : 43

-	
FEC FC	orm 1 (Revised 02/2009) Page 2
TYPE OF C	COMMITTEE
Candidate	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	tion 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	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par
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) x	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.
	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)

Page 3

Write or Type Committee Name

Alliance for American Values

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

NONE																																
Mailing Addre	ess																															
																							L						-L			
							С	ITY								STATE ZIP CODE																
Relationship:	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor																															
7. Custodian o books and re	f Records: Ider cords.	ntify by	/ nan	ne, a	addro	ess	(pho	one	nui	mbe	er -	- 0	ptio	nal)) ai	nd	pos	sitic	on d	of t	he	per	sor	n in	n po	oss	ies	sior	n of	со	mm	ittee
Full Name	Barsotti, M	lichael	, , ,					1	I	I	1	1	1	I	I		1		I	1		1	I	I		I	1	1	1	I	1	.

Full Name			
	1630 South 10th Street Apt 3		1
Mailing Address			
	1		
	Philadelphia	PA	19148
Title or Position	CITY	STATE	ZIP CODE
	Teleph	one number	

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	Barsotti, Michael, , ,
Mailing Address	1630 South 10th Street Apt 3
	Philadelphia
	CITY STATE ZIP CODE
Title or Position	
	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Buchanan, Katherine, , ,
Mailing Address	1751 Potomac Greens Dr
	Alexandria
	CITY STATE ZIP CODE
Title or Position Asst. Treasurer	Telephone number 202 - 423 - 4742

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.

PNC B	ank		
Mailing Address	1600 Market St		
	Philadelphia		19103
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE