PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Postal Supervisors PAC 1727 King St ADDRESS (number and street) Suite 400 (Check if address is changed) Alexandria 22311 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS naps.cm@naps.org (Check if address is changed) Optional Second E-Mail Address naps.rl@naps.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00092957 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. Mulidore, Chuck, , Mr., Type or Print Name of Treasurer Mulidore, Chuck, , Mr., [Electronically Filed] 09 15 2021 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 Only

Local 202-694-1100

FFC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	i aye 🚣
Candida	ate 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affil		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
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	ation of Postal Supervisors PAC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
National Association of	f Postal Supervisors	
	1727 King Street	
Mailing Address	Suite 400	
	Alexandria VA 2	22314 -
	CITY STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the perso	on in possession of committee
Levi, Robe	rt, , Mr.,	
Full Name	1727 King St.	
Mailing Address	Suite 400	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Dir, Leg & Pol Affs	703 Telephone number	836 9660
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Mulidore, C of Treasurer	Chuck, , Mr.,	
Mailing Address	1727 King Street, Suite 400	
		22314
Title or Position Exec. Vice President	CITY STATE 703 Telephone number	ZIP CODE

	1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE 2	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other I safety deposit box Name of Bank, D	epository, etc. Wells Fargo Bank	
safety deposit box	epository, etc.	
safety deposit box Name of Bank, D	epository, etc. Wells Fargo Bank	
safety deposit box Name of Bank, D	epository, etc. Wells Fargo Bank	
safety deposit box Name of Bank, D	Wells Fargo Bank 330 N. Washington St. Alexandria	ZIP CODE
safety deposit box Name of Bank, D	Wells Fargo Bank 330 N. Washington St. Alexandria CITY STATE	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Wells Fargo Bank 330 N. Washington St. Alexandria CITY STATE	ZIP CODE
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo Bank 330 N. Washington St. Alexandria CITY STATE epository, etc.	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Wells Fargo Bank 330 N. Washington St. Alexandria CITY STATE Signature Federal Credit Union	ZIP CODE
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo Bank 330 N. Washington St. Alexandria CITY STATE epository, etc. Signature Federal Credit Union 12 Herbert Street	ZIP CODE
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo Bank 330 N. Washington St. Alexandria CITY STATE Signature Federal Credit Union	ZIP CODE