FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. PA Values 7 Conestoga Rd. ADDRESS (number and street) (Check if address is changed) Lancaster 17602 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nathaniel.urban@gmail.com (Check if address is changed) Optional Second E-Mail Address reiff@sandlerreiff.com COMMITTEE'S WEB PAGE ADDRESS (URL) admin@pavalues.com (Check if address is changed) DATE 2022 C00631903 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. Galdo, Maria, L,, Type or Print Name of Treasurer Galdo, Maria, L,, [Electronically Filed] 04 15 2022 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

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|------------|------------------------|--|---|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate |
| | ne of didate | | |
| | didate y Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont | nected 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. | |
| (5) | | | areasted fund or porty |
| (f) | × | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated fulld of party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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. | o 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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| Write or Type Committee Na | | <u> </u> |
| PA Values | | |
| 6. Name of Any Connected | d Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponso |
| 7. Custodian of Records: le books and records. | dentify by name, address (phone number optional) and position of the pers | on in possession of committee |
| | Maria, L, , | |
| Full Name | 7 Conestoga Rd. | |
| Mailing Address | | |
| | Lancaster | 17602 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | |
| 3. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the committee; ar ., assistant treasurer). | nd the name and address of |
| Full Name Galdo, I | Maria, L, , | |
| Mailing Address | 7 Conestoga Rd. | |
| Mailing Addless | | |
| | Lancaster PA | 17602 |
| | CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number | |

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|---|---|--------------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | Depositories: List all banks or other depositories in which the committee deposits funds, hole oxes or maintains funds. Depository, etc. PNC Bank | us decounts, rents |
| safety deposit bo | oxes or maintains funds. Depository, etc. | |
| safety deposit bo Name of Bank, [| PNC Bank P.O. Box 609 | |
| safety deposit bo Name of Bank, [| PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE | 9738 |
| safety deposit bo Name of Bank, I Mailing Address | PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE | 9738 |
| safety deposit bo Name of Bank, I Mailing Address | PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE | 9738 |
| safety deposit bo Name of Bank, I Mailing Address | PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE | 9738 |
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