

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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						Office Use Only
NAME OF COMMITTEE (in full)	×	(Check if name is changed)		nple:If typing, type the lines.	12FE4N	15
[American Association	of, Pay	ers, Administra	tors &	Networks Politic	cal Action	Committee, , , , , ,
<u> </u>			444	111111		
ADDRESS (number and street)	37,74	LaVista,Road	111	111111		
(Check if address is changed)	Suite	e 101 , , , ;				
	Tuck	(er _{ill}	1 1 1		GA STATE ▲	30084
COMMITTEE'S E-MAIL ADDRE	SS					
	jrobe	erts@aapan.org	<u> </u>	111111		
	Option geor	al Second E-Mail Ad ge.furlong@sec	ldress dwickc	ms.com		
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)	Lil			4 1 1 1 1 1 1	<u>. l . l . l . l</u>	
	L			<u> </u>	1111	
DATE 10 14	° ′ 2	020 °				
FEC IDENTIFICATION NU	IMBER	► C 003	352022	2		
IS THIS STATEMENT	NEV	V (N) OR	\boxtimes	AMENDED (A)		
certify that I have examined this	s Statem	ent and to the best	of my kı	nowledge and belief	it is true, corr	rect and complete.
pe or Print Name of Treasurer		ge Furlong				
nature of Treasurer	/ h					0 14 2020
TE: Submission of false, erroned	ous, or inc	complete information in	may subje	ect the person signing	this Statemen	it to the penalties of 52 U.S.C. §301 AYS.
Office Use Only			ļ	For further information Federal Election Commis Foll Free 800-424-9530	contact:	FEC FORM 1 (Revised 06/2012)

5.

TYPE OF	COMMITTEE		
Candida	te Committee:	•	
(a)	This committee is a principal camp	aign committee. (Complete the candidate information bel	ow.)
(b)	This committee is an authorized co information below.)	ommittee, and is NOT a principal campaign committee. (0	Complete the candidate
Name of Candidate	· •		
Candidate Party Affilia	Office Sought:	House Senate Presider	State nt
	·		District
(c)	This committee supports/opposes of	only one candidate, and is NOT an authorized committee	9.
Name of Candidate			
Party Co	mmittee:		
(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):		
(e) X	This committee is a separate segre	egated fund. (Identify connected organization on line 6.) Its	connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	X Trade Association	Cooperative
	In addition, this com	mittee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes r committee (i.e., nonconnected committee)	more than one Federal candidate, and is NOT a separat mittee)	e segregated 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 Fur	ndraising Representative:		
(g)	This committee collects contributions committees/organizations, at least or	s, pays fundraising expenses and disburses net proceeds t ne of which is an authorized committee of a federal candid	or two or more political ate
(h)		s, pays fundraising expenses and disburses net proceeds f hich is an authorized committee of a federal candidate.	or two or more political
Co	mmittees Participating in Joint Fun	ndraiser	
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FEC Form	1 (Revised 02/2009)			Page 3
Write or Type Con	nmittee Name	ı		
Name of Any	Connected Organization, Affi	liated Committee, Join	t Fundralsing Representative, o	r Leadership PAC Sponsor
Mailing Address		2		
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		CITY	STATE	ZIP CODE
Relationship:	Connected Organization	Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponse
Full Name Mailing Address	Julian Roberts 3774 LaVis	sta Road		
mailing madroot	Suite 101			
	Tucker		GA	30084
Title or Position		CITY	STATE	ZIP CODE
CEO	······································	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Telephone number	4 - 634 - 8911
	the name and address (phone agent (e.g., assistant treasure)		the treasurer of the committee; a	and the name and address of
Full Name of Treasurer	George Furlong			
Mailing Address	19624 Eag	le Crest Drive	eşanın sırınaşınının — ərənnidə və eşanındanındanındanındanındanı	antenne en
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	Luce			33549
Title or Position	<u>}</u>	CITY	STATE	ZIP CODE

SONO - 10 - 19 - OK: DOMAGNAS

Full Name of Designated Agent Julian Roberts Mailing Address 3774 LaVista Road Suite 101 Tucker GA 30084 CITY STATE ZIP CODE Title or Position CCEO Telephone number 404 634 8917 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent safety deposit boxes or maintains funds. Name of Bank, Depository, etc. SunTrust Bank Mailing Address Post Office Box 305183 CITY STATE ZIP CODE Name of Bank, Depository, etc.			ed 02/2009)	T	•	Page 4		
Julian Roberts gent Julian Roberts gent 3774 LaVista Road Suite 101 Tucker GA 30084 CITY STATE ZIP CODE Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentately deposit boxes or maintains funds. Jame of Bank, Depository, etc. SunTrust Bank Post Office Box 305183 Nashville TN 37230 CITY STATE ZIP CODE Jame of Bank, Depository, etc.					,			
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Telephone number Telephone nu			Tucker		GA	30084		
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Nashville CITY STATE ZIP CODE Name of Bank, Depository, etc.					•	•		
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CITY STATE ZIP CODE	Mailing Address		· · · · · · · · · · · · · · · · · · ·	30x 305183	enanganan asak sara da ambansa sanbanak	·		
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i .	Name of Bank,	Depository,	Post Office I		<u></u>	<u> </u>		

CITY

ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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Banks or Other Deposite safety deposit boxes or m	ories: List all ba aintains funds.	·	·		
Banks or Other Deposito	ories: List all ba	nks or other depositories in	which the committee deposit	s funds, h	olds accounts, rents
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Mailing Address			<u>.</u>		
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ORIGIN ID: HLGA (304) 218-8354 KAREN STAKEM

48 POPLAR AVE

BILL CREDIT CARD

TO CAMPAIGN FINANCES WHEELING, WV 26003 UNITED STATES US

FEDERAL ELECTION COMMISSION **1050 FIRST ST NE**

WASHINGTON DC 20463 (202) 684-1100

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Overnight Delivery Service (Specify): FED EX Next Business I	Shipping Date 10-14-20 Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
	10-16-20
PREPARER (3/2015)	DATE PREPARED