Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. AMERICAN SUNTANNING ASSOCIATION PAC 8420 S. Continental Divide Rd, ADDRESS (number and street) Suite #222 (Check if address is changed) Littleton 80127 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address pac@americansuntanning.org is changed) Optional Second E-Mail Address mward@wardlawless.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.americansuntanning.org (Check if address is changed) DATE 03 2024 C00563015 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. Type or Print Name of Treasurer Levy, Joseph, , 01 09 2024 Signature of Treasurer Levy, Joseph, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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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i. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pres	State sident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	e.
Name of Candidate	
Party Committee:	
(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 segregated fund. (Identify connected organization on line 6.)	Its connected organization is a:
	7
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization X 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 committee. (i.e., nonconnected committee)	te 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution account	ts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	( ( <b>, )</b> ( ( ) ( ) ( ) ( ) ( )
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal call.	·
(j) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate	·
Committees Participating in Joint Fundraiser	
1C	

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<b>Vrite</b>	or	Type	Committee	Name
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AMERICAN	SUNTANNING	ASSOCIA	ATION PAC

_	7 (17) (17) (17) (17)		.5			
6.		ganization, Affiliated Committee, Join	t Fundraising Repr	esentative, or	Leadership PAC Sponso	or
	American Suntanning	g Asociation				
		18420 S. Continental Divide Rd				
	Mailing Address					
		Suite #222				
		Littleton		CO	80127	
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC S	ponsor
	_				_	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number op	otional) and position o	of the person in	possession of committee	
	Levy, Jose	oh, , ,				
	Full Name					
	Mailing Address	8420 S. Continental Divide Rd				
		Suite #222				<sub>1</sub> 1
		Littleton		CO	80127	
		CITY ▲		STATE A	ZIP CODE ▲	
	Title or Position ▼	OH T		SIAIE A	ZIF GODE 🛋	
	Treasurer		Talanhana nun	833	_   489  _   2274	4
			Telephone nur	nber		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the	e committee; an	d the name and address	of
	Full Name Levy, Jose	oh				
	of Treasurer					
	Mailing Address	8420 S. Continental Divide Rd				
		Suite #222				, I
		Littleton		CO	80127	
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Title or Position ▼	OH 1 =		JIAIL =	211 0001	
	Treasurer		Telephone nur	nber 833	-  489  -  227	74 <sub> </sub>
ı						

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Full Name of Designated No Agent	rton, Melinda, , ,	
Mailing Address	8420 S. Continental Divide Rd,	
	Suite 222	
	Littleton	CO 80127
	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Position ▼  Asst. Treasurer	Telephone	number 833 - 489 - 2274
Banks or Other Dep- safety deposit boxes of	ositories: List all banks or other depositories in which the commor maintains funds.	nittee deposits funds, holds accounts, rents
Name of Bank, Depos	sitory, etc.	
Co	ounty National Bank	
Mailing Address	1 S Howell Street	
	Hillsdale	MI 49242
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, Depos	sitory, etc.	
PN	IC Bank	
Mailing Address	200 Crescent Court	
	Dallas	TX 75201 -
	CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). <b>Joint Fundraisin</b>	g Participant:			
1.		FE	C ID number	С
2.		FE.	C ID number	С
3.			C ID number	С
4.		 _	C ID number	С
lame of Any Connected	Organization, Affiliated Comm	ittee, Joint Fundraising	Representativ	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CITY	<b>A</b>	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Cor		aising Represent	Leadership PAC Spo
Pesignated Agent: Identify  Key, Tra  Full Name	by name, address (phone number,	nber – optional)	aising Represent	Leadership PAC Spo
Designated Agent: Identify	by name, address (phone number), , , , 8420 S. Continental Divide Re	nber – optional)	aising Represent	Leadership PAC Spo
Pesignated Agent: Identify  Key, Tra  Full Name	by name, address (phone number,	nber – optional)	aising Represent	Leadership PAC Spo
Pesignated Agent: Identify  Key, Tra  Full Name	by name, address (phone number), , , , 8420 S. Continental Divide Re	nber – optional)	aising Represent	Leadership PAC Sport
Pesignated Agent: Identify  Key, Tra  Full Name	s by name, address (phone number), , , , , , , , , , , , , , , , , , ,	nber – optional)		
Pesignated Agent: Identify  Key, Train Full Name  Mailing Address	s by name, address (phone number), , , , , , , , , , , , , , , , , , ,	aber – optional)	CO	80127
Pesignated Agent: Identify  Key, Tra  Full Name  Mailing Address  TITLE OR POSITION  Asst. Treasurer	by name, address (phone numery, , , , , , , , , , , , , , , , , , ,	nber – optional)	STATE A	80127 ZIP CODE ▲ 833 - 489 - 227
Pesignated Agent: Identify  Key, Trace Full Name  Mailing Address  TITLE OR POSITION Asst. Treasurer  Banks or Other Deposito afety deposit boxes or mail afety depository, etc.	by name, address (phone numery, , , , , , , , , , , , , , , , , , ,	nber – optional)	STATE A	80127 ZIP CODE ▲ 833 - 489 - 227