FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	ONGANIZI	ATION	
			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
SATELLITE BROADCA	ASTING & COMMUNICA	TIONS ASSOCIATION C	OF AMERICA, INC. PAC (SKYPAC)
ADDRESS (number and street)	SBCA C/O CHMS		
(Check if address is changed)	230 Washington Ave, Ext #10	0 1	
is changed)	Albany		NY 12203
	CITY A		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR			
✓ (Check if address is changed)	shill@sbca.org		
	Optional Second E-Mail Add	dress	ı
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
	09 / 2021		
3. FEC IDENTIFICATION I	NUMBER ▶ C c	00468470	
4. IS THIS STATEMENT	NEW (N) OR	x AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasur	rer Hill, Steven, , ,		
Signature of Treasurer Hill	l, Steven, , ,	[Electronically Filed]	Date 02 09 7 2021
NOTE: Submission of false, erro		may subject the person signing the	is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF C	OMMITTEE 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	

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Write or Type Committee Name	NO A COMMUNICATIONS ASSOCIATION OF AMERICA, INC.	
SATELLITE BROADCASTI	NG & COMMUNICATIONS ASSOCIATION OF AMERICA, INC.	PAC (SKYPAC)
6. Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Satellite Broadcasting &	Communications Association of America, Inc.	
SE	BCA C/O CHMS	
Mailing Address	0 Washington Ave, Ext #101	
LA	bany NY 12203	
	CITY STATE Z	IP CODE
Relationship: x Connected Or	ganization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
. Custodian of Records: Identify books and records.	by name, address (phone number optional) and position of the person in posse	ession of committee
Hill, Steven, ,		1
Full Name	BCA C/O CHMS	
Mailing Address	30 Washington Ave, Ext #101	
L		
LA	lbany NY 12203	
Title or Position	CITY STATE ZI	IP CODE
Treasurer	Telephone number 703 – 96	63 0350
Treasurer: List the name and ac any designated agent (e.g., assis	Idress (phone number optional) of the treasurer of the committee; and the name stant treasurer).	e and address of
Full Name Hill, Steven, , ,		1
of Treasurer		
Mailing Address	BCA C/O CHMS	
23	0 Washington Ave, Ext #101	
LA	bany NY 12203	
Title or Position	CITY STATE ZI	P CODE
Treasurer	Telephone number 703 – 96	0350

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telep	hone number	
safety deposit boxes or Name of Bank, Deposit		e committee deposits funds, ho	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	e committee deposits funds, ho	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo 1100 Connecticut Avenue, NW		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. 1100 Connecticut Avenue, NW Washington CITY	DC 20036	
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safety deposit boxes or Name of Bank, Deposit We Mailing Address Name of Bank, Deposit	maintains funds. tory, etc. 1100 Connecticut Avenue, NW Washington CITY tory, etc.	DC 20036 STATE	
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