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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Walt Sluzynsky for The United States Senate from Pennsylvania 920 johnson ave. ADDRESS (number and street) (Check if address is changed) 15061 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wsluzynsky@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00791723 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. Sluzynsky, Walter, Steve, Mr., Type or Print Name of Treasurer Sluzynsky, Walter, Steve, Mr., [Electronically Filed] 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

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ttee. (Complete the candidate
Name of Candidate Sluzynsky, Walter, Steve, Mr.,	
Candidate Party Affiliation DEM Office Sought: House Pr	State PA resident District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	nmittee.
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) This committee is a separate segregated fund. (Identify connected organization on line	e 6.) Its connected 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 s committee. (i.e., nonconnected committee)	eparate 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal of	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1 FEC ID number	C
2.	
3. FEC ID number	C
4.	

EEC Form 4 (Donie et a	02/2000)	Dogo 2
FEC Form 1 (Revised (Page 3
•	for The United States Senate from Pennsy	/lvania
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	
NONE		р т тто оролоо.
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in pos-	session of committee
	, Walter, Steve, Mr.,	1
Full Name	₁ 920 johnson ave.	
Mailing Address		
	monaca , PA , 15061	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer	Telephone number	728 9046
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Sluzynsky, of Treasurer	, Walter, Steve, Mr.,	
Mailing Address	920 johnson ave.	
	monaca PA 15061 CITY STATE 2	ZIP CODE
Title or Position Treasurer		728

FEC Forn	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		s accounts, rents
safety deposit bo	oxes or maintains funds.	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. Huntington 613 beaver valley mall monaca PA 15061	zip code
safety deposit bo Name of Bank, I	Depository, etc. Huntington 613 beaver valley mall monaca PA 15061 CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Huntington 613 beaver valley mall monaca CITY STATE Depository, etc.	
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