Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Association of Settlement Consultants PAC (AASC PAC) 700 13th St., NW ADDRESS (number and street) 2nd FL (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS holly@campaigncompliance.net (Check if address is changed) Optional Second E-Mail Address jwieroniey@americanasc.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://americanasc.org (Check if address is changed) DATE 2021 C00767772 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. Giarraputo, Holly, , , Type or Print Name of Treasurer Giarraputo, Holly,,, [Electronically Filed] 07 26 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

Local 202-694-1100

FEC <b>Fo</b> !	orm 1 (Revised 02/2009) Page 2		
TYPE OF C	COMMITTEE  e 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. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affiliation	ion Office State I House Senate President District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Com	nmittee:  (National, State (Democratic,		
(d)	This committee is a or subordinate) committee of the Republican, etc.) Pa		
Political A	Action Committee (PAC):		
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization		
	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 segregation committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
_	nmittees Participating in Joint Fundraiser		
Com			
Com	FEC ID number		
1.	FEC ID number		

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FEC Form 1 (Revise	od 02/2009)	Page <b>3</b>
Write or Type Committee Na		raye <b>3</b>
	ociation of Settlement Consultants	· · · · · · · · · · · · · · · · · · ·
	d Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
American Association	on of Settlement Consultants	
Mailing Address	700 13th St., NW	
ŭ	2nd FL	
	Washington	20005
	CITY STA	TE ZIP CODE
	CITI SIA	IL ZIF CODE
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
	dentify by name, address (phone number optional) and position of	the person in possession of committee
books and records.		
Giarrap Full Name	outo, Holly, , ,	
	3242 Cummins Way	
Mailing Address		
	Missoula MT	Г , ,59802
	IVIISOUIA	
Title or Position	CITY STATI	E ZIP CODE
<sub>I</sub> Custodian	1	_ 202
	Telephone number	
3. <b>Treasurer:</b> List the name	and address (phone number optional) of the treasurer of the comm	nittee; and the name and address of
any designated agent (e.g		
	uto, Holly, , ,	
of Treasurer	700 13th St., NW	
Mailing Address		
	2nd FL	
	Washington	20005
Title or Position	CITY STATE	E ZIP CODE
Treasurer	1	202   713   5574

202

Telephone number

FEC Form	n 1 (Payicad 0.2/2000)	Daga A
FEC FOR	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank,	Depository, etc.  Amalgamated Bank  1825 K St., NW	
Mailing Address		
	Washington DC 20006	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		