Only

STATEMENT OF

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FEC FORM 1			RGAN			Ŋ													
									ㅗ				Offi	ce U	se Or	ıly			
1. NAME OF COMMITTEE (in	full)		Check if name changed)		Exampl over the	e:If typi e lines.	ng, typ	oe	1	2F	E41	М5							
PA Values																			
																	ш		
ADDRESS (number a	nd street)	7 Conesto	oga Rd.																
(Check if address		1		1 1 1	1 1	1 1 1	1 1	ı	1 1	1	ı	I I		I	l l		l I	ı	, I
is changed	1)	Lancaster								PĄ	1	1	1760)2		1_			
		CIT	YA						S	TAT	_ E ▲	L			ZI	P C	ODE	A	
COMMITTEE'S E-MA	AIL ADDRES	SS																	
(Check if a is changed		g3servi	ces@outlo	ok.com	1 1	1 1 1		ı	1 1	1				ı		ı	1 1	ı	₁
is changed	<i>1)</i>	Optional S	Second E-Ma	ail Addres	s														
		reiff@s	andlerreif	ff.com															
(Check if a is changed		admin@pa	avalues.com																
2. DATE 10	M / D 25		y y y 2022																
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C0063	31903														
4. IS THIS STATEM	MENT	NEW	(N) O	R	x	AMEN	IDED	(A)											
I certify that I have e	examined th	is Statemer	nt and to the	best of r	my kno	wledge	and be	elief i	t is t	rue,	corr	ect a	and	com	plete				
Type or Print Name	of Treasurer	Galdo, Ma	aria, L, ,																
Signature of Treasure	er <i>Galdo</i> ,	, Maria, L, ,			[El	ectronica	lly File	<u>d]</u>	Da	te	M	10	/	2	5	′ [)22	Y
NOTE: Submission of	false, errone		mplete inform NGE IN INFO	-				-						enal	ties o	of 52	U.S.	.C. §	30109
Office Use					Fe	For further information cont Federal Election Commission Toll Free 800-424-9530				ct:			FEC FORM 1 (Revised 06/2012)						

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2					
TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	committee. (Complete the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate	State President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d committee.					
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 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 NO committee. (i.e., nonconnected committee)	T a separate 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 P	PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-contribution	ion accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·					
(j) 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.						
Committees Participating in Joint Fundraiser						
1.	C					
	C					

ı	FEC Form 1 (Revise	ed 02/2009)	Page 3
W	rite or Type Committee Na	ame	
	PA Values		
3.	Name of Any Connecte NONE	d Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
	Mailing Address		
		CITY A STA	ATE ▲ ZIP CODE ▲
	Polotionohin: Conno		
	Relationship: Connec	cted Organization Affiliated Organization Joint Fundraising Rep	presentative Leadership PAC Sponso
7.	Custodian of Records: lo	dentify by name, address (phone number optional) and position of the	person in possession of committee
	Galdo,	Maria, L, ,	
	Full Name		
	Mailing Address	7 Conestoga Rd.	
		Lancaster	PA 17602
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼	517 –	TIE 2 ZII OODE 2
	Treasurer	Telephone number	
3.	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the cong., assistant treasurer).	nmittee; and the name and address of
	Full Name Galdo,	Maria, L, ,	
	of Treasurer		
	Mailing Address	7 Conestoga Rd.	
		Lancaster	PA 17602
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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Full Name of Designated Agent		1 1 1 1 1 1 1 1	
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone nu	mber	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the commit tains funds.	tee deposits funds, holds	accounts, rents
Name of Bank, Depository, e	etc.		
PNC Ba	ank		I
Mailing Address	P.O. Box 609		
	Pittsburgh	PA 15230-97	738
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲