Only

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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) Americans Against Socialist Authoritarians PAC (AMASA PAC) PO Box 23556 ADDRESS (number and street) (Check if address is changed) Pittsburgh 15222 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS skomoa@duq.edu (Check if address is changed) Optional Second E-Mail Address negroncampaign20@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00735852 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. Skomo, Alec, , , Type or Print Name of Treasurer Skomo, Alec,,, [Electronically Filed] 03 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

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		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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V	Irite or Type Committee Name		
/	Americans Aga	inst Socialist Authoritarians PAC (AMASA F	PAC)
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	
N.	ONE		
L			
L			
	Mailing Address		
		CITY STATE Z	IP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
•	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Skomo, Ale Full Name	ec,,,	.
	Mailing Address	4002 Phillips Ct	
		Mars PA 16046	
	Title or Position	CITY STATE Z	P CODE
	Treasurer	Telephone number 724 – 27	72 - 1728
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 name assistant treasurer).	e and address of
	Full Name Skomo, Ale	ec,,,	1
	of Treasurer	4002 Phillips Ct	
	Mailing Address		
		· Mars	
		IMARS I IDA I ITANA	1.1
		Mars PA 16046 CITY STATE ZI	P CODE
	Title or Position Treasurer		P CODE

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Full Name of Designated Agent		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Title or Position	Tolophono number	. -
	Telephone number	
safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	itulus accounts, Tents
safety deposit be	Depository, etc. FIRST NATIONAL BANK OF PA 3015 GLIMCHER BLVD	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. FIRST NATIONAL BANK OF PA ,3015 GLIMCHER BLVD	
safety deposit b Name of Bank,	Depository, etc. FIRST NATIONAL BANK OF PA 3015 GLIMCHER BLVD	
safety deposit b Name of Bank,	Depository, etc. FIRST NATIONAL BANK OF PA 3015 GLIMCHER BLVD HERMITAGE CITY STATE	48
safety deposit be Name of Bank, Mailing Address	Depository, etc. FIRST NATIONAL BANK OF PA 3015 GLIMCHER BLVD HERMITAGE CITY STATE	48
safety deposit be Name of Bank, Mailing Address	Depository, etc. FIRST NATIONAL BANK OF PA 3015 GLIMCHER BLVD HERMITAGE CITY STATE Depository, etc.	48
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