

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PENNSYLVANIA ADVOCATES AND RESOURCES FOR AUTISM AND INTELLECTUAL DISABILITIES PAC

ADDRESS (number and street) 4 LEMOYNE DRIVE SUITE 203

(Check if address is changed)

LEMOYNE CITY ▲ PA STATE ▲ 17043 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) MARK@PAR.NET

Optional Second E-Mail Address
nick@par.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 18 / 2023

3. FEC IDENTIFICATION NUMBER ▶ C C00741363

4. 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.

Type or Print Name of Treasurer Janes, George, , ,

Signature of Treasurer Janes, George, , , [Electronically Filed] Date 07 / 25 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate 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 Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized 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 NOT a separate segregated fund or party 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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution 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 net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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.
- 2.

C
C

Write or Type Committee Name

PENNSYLVANIA ADVOCATES AND RESOURCES FOR AUTISM AND INTELLECTUAL DISABILITIES PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
PENNSYLVANIA ADVOCATES AND RESOURCES FOR AUTISM AND INTELLECTUAL DISABILITIES

[Empty grid lines for organization name]

Mailing Address 4 LEMOYNE DRIVE SUITE 203

[Empty grid lines for address line]

LEMOYNE PA 17043

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Kratz, Nicholas, A, ,

Mailing Address 1839 Sterretts Gap Ave

[Empty grid lines for address line]

Carlisle PA 17013

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Vice President

Telephone number 267 - 240 - 4864

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Janes, George, , ,

Mailing Address 314 Turquoise Lane

[Empty grid lines for address line]

Morgantown WV 26508

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CEO

Telephone number 724 - 875 - 4586

Full Name of Designated Agent

Davis, Mark, , ,

Mailing Address

425 West Main Street

Mechanicsburg

PA

17055

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

President & CEO

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

S&T

Mailing Address

3345 Market St

Camp Hill

PA

17011

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲