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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) AMS TRADE, LLP POLITICAL ACTION COMMITTEE AMS PAC 1133 CONNECTICUT AVENUE NW ADDRESS (number and street) **SUITE 1200** (Check if address is changed) WASHINGTON 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS AMSPAC@ADDUCI.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00383836 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. Okun, Deanna, , , Type or Print Name of Treasurer Okun, Deanna,,, [Electronically Filed] 04 06 2022 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. FEC FORM 1

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name	9	
AMS TRADE, L	LP POLITICAL ACTION COMMITTEE AM	S PAC
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
NONE	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posi	session of committee
Pardini, Ly Full Name	/dia, , ,	
Mailing Address	1133 Connecticut Ave	
	Suite 1200	
	Washington DC 20036	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	467 - 6300
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Okun, Dea	nna, , ,	
Mailing Address	1133 Connecticut Ave	
	Suite 1200	
	Washington DC 20036 CITY STATE	ZIP CODE
Title or Position	CITT STATE 1	LII CODE

Telephone number

FEC For	m 1 (Revised 02)	2009)												Paç	ge 4	
Full Name of																
Designated Agent																
Mailing Address																
			CIT	Y					L STATE				ZIP (CODE		
Title or Position																
						Tele	phone	numl	oer							
Banks or Othe safety deposit to Name of Bank,		ist all banks funds.	or other d	epositori	es in w	vhich tl	ne cor	nmitte	e depo	osits f	unds,	holds	s acc	ounts,	rents	
safety deposit b	oxes or maintains Depository, etc. Truist	ist all banks funds. 15 New York ashington	1 1 1	epositori	es in w	vhich th	ne cor	nmitte	e depo		unds,		s acc	ounts,	rents	
safety deposit t Name of Bank,	oxes or maintains Depository, etc. Truist	funds.	1 1 1		es in w	vhich th	ne cor							ounts,		
safety deposit t Name of Bank,	oxes or maintains Depository, etc. Truist	funds.	Ave		es in w	vhich th	ne cor		DC							
safety deposit to Name of Bank, Mailing Address	oxes or maintains Depository, etc. Truist	funds. 15 New York ashington	Ave		es in w	vhich th	ne cor		DC							
safety deposit to Name of Bank, Mailing Address	Depository, etc. Depository, etc.	funds. 15 New York ashington	Ave		es in w	vhich the	ne cor		DC							
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safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Depository, etc.	funds. 15 New York ashington	Ave		es in w	vhich the	ne cor		DC							