Image# 202101219405253953				
FEC FORM 1	STATEMEN ORGANIZA		Off	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	1625 PRINCE STREET			
(Check if address is changed)	ALEXANDRIA		VA 223' STATE ▲	14
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	young.kim@asisonline. Optional Second E-Mail Add accouting@asisonlin	dress		
COMMITTEE'S WEB PAGE AL (Check if address is changed)	DRESS (URL)			
2. DATE 01 2		00396408		
 FEC IDENTIFICATION N IS THIS STATEMENT 		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 Treasure	er O'Neil, Peter, J, ,			
Signature of Treasurer	eil, Peter, J, ,	[Electronically Filed]	Date	21 / Y Y Y Y Y 2021
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/21/2021 11 : 44

-	—
FEC F	Form 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candida	te 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	L
Candidate Party Affilia	ation Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)	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.)
Joint Fur	ndraising 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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

I

FEC Form 1 (Revised 02/2009)

Page 3

22314

703

_

1402

ZIP CODE

518

VA

STATE

Telephone number

Write or Type Committee Name

ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

A	SIS INTERNATIONA	L POLITICAL ACTION COMMIT		
	Mailing Address	1625 PRINCE STREET		
				22314
		CITY	STATE	ZIP CODE
	Relationship: x Connected	Organization Affiliated Committee Joint	t Fundraising Representative	e Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optiona	al) and position of the perso	on in possession of committee
	Kim, Young], , ,		
	Full Name			
	Mailing Address	1625 Prince Street		
		Alexandria	VA	22314
	Title or Position	CITY	STATE	ZIP CODE
		Te	lephone number	_]-[
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the trea ssistant treasurer).	asurer of the committee; an	d the name and address of
	Full Name O'Neil, Peter of Treasurer I	₹r, J, , 		

Alexandria

Title or Position

CITY

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	1							
Mailing Address		l																						
		l																						
		l																					1	
							CI	ΓY								STA	λΤΕ			ZI	ΡC	DE		
Title or Position																								
											Tele	eph	one	e ni	umt	ber								

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.
------	----	-------	-------------	------

Wells F	argo		
Mailing Address	420 Montgomery Street		
	San Francisco	CA 94104 –	
	CITY	STATE ZIP CODE	
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	