Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. 20 Up in '20 1030 15th St NW B1 #125 ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS agn@usfid.com (Check if address X is changed) Optional Second E-Mail Address |dyeung@blankrome.com| COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00667683 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Newmyer, A. G., , , III Type or Print Name of Treasurer Newmyer, A. G., , , III [Electronically Filed] 04 15 2019 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** Use

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name	·	- 3
20 Up in '20		
<u> </u>	ganization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person	in possession of committee
Newmyer, A		
	,558 Tomahawk Court	
Mailing Address		
	Palm Beach Gardens , FL , 3	3410
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 561	
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name Newmyer, A	. G. , , , III	, , , , , , , ,
of Treasurer	558 Tomahawk Court	
Mailing Address		
	Palm Beach Gardens	8410
	Palm Beach Gardens FL 33 CITY STATE	ZIP CODE
Title or Position	SIAIE	ZII CODL

FEC Forr	1 (Revised 02/2009)	Page 4
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit be Name of Bank,		accounts, rents
safety deposit be	oxes or maintains funds.	
safety deposit be Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington DC 20006	ZIP CODE
safety deposit be Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
Name of Bank, Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: