Image# 201701119041371073

Only

PAGE 1/5

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) National Association of Enrolled Agents Political Action Committee 1730 Rhode Island Avenue, NW ADDRESS (number and street) Suite 400 (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jedwards@naea.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2005 C00415372 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. Edwards, Justin, , , Type or Print Name of Treasurer Edwards, Justin, , , [Electronically Filed] 01 2017 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

FEC F	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4		

Treasurer

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam	9	
National Assoc	iation of Enrolled Agents Political Action	n Committee
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
National Association of	of Enrolled Agents	
Mailing Address	1730 Rhode Island Avenue, NW	
	Suite 400	
	Washington DC 20	0036
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person	n in possession of committee
Edwards,	Justin, , ,	
Mailing Address	1730 Rhode Island Avenue, NW	
Walling Address	Suite 400	
	Washington DC 2	0036
Title or Position	CITY STATE	ZIP CODE
Title of Fosition	SIAIL	ZII CODE
Treasurer	Telephone number	
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Edwards, of Treasurer	Justin, , ,	
Mailing Address	1730 Rhode Island Avenue, NW	
	Suite 400	
	Washington DC 26	0036
Title or Position	CITY STATE	ZIP CODE

202

Telephone number

822

6232

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit b Name of Bank,	SunTrust Banks, Inc.	a accounts, rents
Mailing Address		
Mailing Address		
Mailing Address	Nashville TN 37230	
Mailing Address		ZIP CODE
Mailing Address  Name of Bank,	Nashville TN 37230  CITY STATE	ZIP CODE
	Nashville TN 37230  CITY STATE	ZIP CODE
	Nashville  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,	Nashville  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,	Nashville  CITY  STATE  Depository, etc.	ZIP CODE

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

Form/Schedule: F1A Transaction ID:

This filing amends NAEA PAC's Treasurer, address and bank address on file.

Form/Schedule: Transaction ID: