FEC FORM 1

STATEMENT OF ORGANIZATION

FORM I	(See instructio	ns)		Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
BAE Systems Inc. F	Political Action Committee ((BAE SYSTEMS USA PAC)		
ADDRESS (number and street)	1300 North 17th Stre	et 		
(Check if address	Suite 1400			
is changed)	Arlington		LYA] L	22209 -
COMMITTEE C E MAII ADE	NDF00	CITY	STATE▲	ZIP CODE 📥
committee's e-mail add		111111111		
<u> </u>				
COMMITTEE'S WEB PAGE	ADDRESS (URL)			
<u> </u>				<u> </u>
COMMITTEE'S FAX NUMBE 703-907-8238	D D / Y Y Y Y			
3. FEC IDENTIFICATION		C C00281212		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certify that I have examined this	s Statement and to the best of my kno	wledge and belief it is true, correct a	and complete	
Type or Print Name of Treasu	rer Candace Vessell	a		
Signature of Treasurer Ele	ectronically Filed by Candace	Vessella	Date 0 4	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	oneous, or incomplete information ma	y subject the person signing this Sta	•	es of 2 U.S.C. S437g.
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(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 cinformation below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, epublican,etc.) Party. und or party
ĵ.	Name of Any Connected Organization or Affiliated Committee	
ı	None	. 1
L L		
_	Mail on Address	
	Mailing Address	
		. 1 1 1
	OTTVA OTTATE A	7ID 00DE A
	CITY▲ STATE ▲	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizat	ion
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name

	sustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.													
Full Name														
Mailing Address														
Title or Position ♥	CITY A	STATE▲	ZIP CODE A											
		Telephone number												
Treasurer: List the nam name and address of ar	e and address (phone number optional) ny designated agent (e.g., assistant treasu	of the treasurer of the commirer).	ttee; and the											
Full Name of Treasurer Cand	ace Vessella													
Mailing Address	1300 North 17th Street													
Mailing Address	1300 North 17th Street Suite 1400													
Mailing Address			22209											
Mailing Address Title or Position ♥	Suite 1400	VASTATE	22209 - ZIP CODE ▲											
Title or Position ♥	Suite 1400 Arlington													
Title or Position ♥	Suite 1400 Arlington CITY A	STATE A	ZIP CODE A											
Title or Position ♥ VP, Gove Full Name of Designated	Suite 1400 Arlington CITY A	STATE A	ZIP CODE A											
Title or Position ▼ VP, Gove Full Name of Designated Agent	Suite 1400 Arlington CITY A	STATE A	ZIP CODE A											
Title or Position ▼ VP, Gove Full Name of Designated Agent	Suite 1400 Arlington CITY A	STATE A	ZIP CODE A											

	FEC Form	1 (Re	evised	02	/200	03)																											Pa	age	4		_
9.	Banks or Other safety deposit box	xes or	main	tain		List Inds	ba	nks	or	oth	ner	de _l	oos	itor	ries	in	wh	ich	the	e co	omr	nitte	ee c	lepo	osit	s fu	nds	s, h	olds	ac	col	ınts	s, re	nts			
	Name of Bank, Do	eposit	ory, e	etc.																																	
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	Mailing Address					Ш						L	L	1																							
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Form/Schedule: F1N Transaction ID:	Name Modified from BAE Systems North America Inc PAC to BAE Systems Inc PAC and Termination of Affiliated PAC
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