FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		PRGANIZA	1110	N							
		(See instruction	s)					Office use	e only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Exar over	nple: If typying the lines	g, type	12FE	4M5	1 1			
EADS North	America Americai	ns for Competitio	n in Ae	erospace P	AC					ш	
										ш	Ш
ADDRESS (number and	d street) 1616	North Ft. Myer C)rive					11		ш	
(Check if add	Suite	e _. 1600									
is changed)		ngton			لب	L VA	l L	22	2209	ــــــــــــــــــــــــــــــــــــــ	لـــ
			CITY			STATE	•		ZIP COD	E 📥	
COMMITTEE'S E-MA		oom									
ACAPAC@eic	ectioncompliance	.com 							ш	ш	ш
							ш		шш	ш	
COMMITTEE'S WEE	B PAGE ADDRESS (L	JRL)									
								1 1			لــــــــــــــــــــــــــــــــــــــ
	<u> </u>	111111		1 1 1 1	<u> </u>	1 1		1.1			Ш
COMMITTEE'S FAX 301-856-0633	NUMBER	J									
2. DATE 0	M / D D / Y	2008									
3. FEC IDENTIFIC	ATION NUMBER	C	C 00	421230							
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMEND	ED (A)						
I certify that I have exam	nined this Statement and	d to the best of my know	vledge an	d belief it is tru	e, correct an	d complet	e				
		Janet Mills									
Type or Print Name o	f Treasurer	Janet Willis									
Signature of Treasure	er Electronically File	ed by Janet Mills	<u>; </u>			Date	0 3	/ D	06	Ž 0	8 0
NOTE: Submission of f	alse, erroneous, or incor	mplete information may							l.S.C. S43	7g.	
Office Use Only				For further in Federal Election Toll Free 800- Local 202-694	on Commiss 424-9530				C FOF		

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	FEOForm 1 (R	Revised 02/2003)	Page 2
5.	TYPE OF COMMITT	EE (Check One)	
	(a) This o	committee is a principal campaign committee. (Complete the candidate information below.)	
	(-)	committee is an authorized committee, and is NOT a principal campaign committee. (Complete mation below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c) This c	committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(e) X This c	(National, State committee is a	(Democratic, Republican,etc.) Party. ted fund or party
6. I	Name of Any Conne	ected Organization or Affiliated Committee	ı
 	1-1-4-1-1-1-1		
_	Mailing Address	1616 N Fort Myer Drive	
		Suite 1600	
		ArlingtonVAVA	22209
		CITY▲ STATE▲	ZIP CODE
	Relationship	Connected Organization	
	Type of Connected O	Organization:	
	X Corporation	Corporation w/o Capital Stock Labor Orga	nization
	Membership	o Organization Trade Association Cooperative	;

Page 3

Write or	Type	Committee	Name
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	LADS NOITH A	anonoa Amonoano io	or Competition in Aerosp	ace FAC				
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
	Full Name	PAC Outsourcing	LLC			1 1 1 1		
	Mailing Address		7915 Old Branch Aven	ue				
			First Floor					
			Clinton		MD _	20735 _		
	Title or Position	,	CITY A	ST	ATE ▲	ZIP CO	DE A	
		Custodian of Records	3	Telephone number	301		0770	
3.	name and addr	the name and address ess of any designated	s (phone number option agent (e.g., assistant trea	al) of the treasurer of surer).	the commi	ttee; and the		
	Full Name of Treasurer	Janet Mills						
	Mailing Address		1616 North Ft. Myer Dr	ive				
	Mailing Address		1616 North Ft. Myer Dr Suite 1600	ive				
	Mailing Address		·		/A	22209		
	Mailing Address Title or Position ▼		Suite 1600		<u>/A</u>	22209 - ZIP CO	- 	
	Title or Position ♥	Treasurer	Suite 1600 Arlington				DDE A	
	Title or Position ♥		Suite 1600 Arlington	ST	ATE 	ZIP CO		
	Title or Position Full Name of Designated	Treasurer	Suite 1600 Arlington	ST Telephone number	ATE 	ZIP CO		
	Title or Position Full Name of Designated Agent	Treasurer	Suite 1600 Arlington CITY A	ST Telephone number	ATE 	ZIP CO		
	Title or Position Full Name of Designated Agent	Treasurer	Suite 1600 Arlington CITY A 7915 Old Branch Aven	ST Telephone number	ATE 	ZIP CO		
	Title or Position Full Name of Designated Agent	Treasurer Wade S. Williams	Suite 1600 Arlington CITY A 7915 Old Branch Aven	Telephone number	703	ZIP CO	7532	

FEC Form 1 (Revised 02/2003)	Page 4

Banks or Other I safety deposit boxName of Bank, De	es or maintains funds.	tee deposits funds, holds accounts, ren	ts
	Bank of America 7810 Old Branch Avenue		
Mailing Address	7610 Old Branch Avenue		
	Clinton	MD 20735 _	
	CITY 🙇	STATE ZIP CODE	= \(\Delta
Name of Bank, De	pository, etc.		
Name of Bank, De	pository, etc.		
Name of Bank, De	pository, etc.		
	pository, etc.		
	pository, etc.		