FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, typ over the lines.	e 12FE4M5
American S	ociety of Pension Professionals & A	Actuaries NTSA PAC
ADDRESS (number an	4401 N Fairfax Drive	
 (Check if a is changed) 		
	, Arlington	VA22203
	CITY ▲	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS	
(Check if a is changed)		
	Optional Second E-Mail Address	
COMMITTEE'S WEB		
2. DATE 01		
3. FEC IDENTIFIC	C C00515049	
4. IS THIS STATEM	IENT NEW (N) OR AMENDED (A)
I certify that I have ex	xamined this Statement and to the best of my knowledge and be	lief it is true, correct and complete.
Type or Print Name o	of Treasurer Glassey, Nathan, , ,	
Signature of Treasure	r Glassey, Nathan, , , [Electronically Filed	1 Date 06 14 2023
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the person sig ANY CHANGE IN INFORMATION SHOULD BE REPOR	-
Office Use Only	For further informa Federal Election Cor Toll Free 800-424-95 Local 202-694-1100	

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FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pre	State sident District
(c) 🔲 This committee supports/opposes only one candidate, and is NOT an authorized committe	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (d) This committee is a Political Action Committee (PAC): (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.)	(Democratic, Republican, etc.) Party Its connected organization is a:
Corporation V/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 separation committee. (i.e., nonconnected committee)	te segregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution account	ts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 (j) Committees Participating in Joint Fundraiser
 2.

FEC Form 1	(Revised 02/2009)
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Write or Type Committee Name

American Society of Pension Professionals & Actuaries NTSA PAC

6.	Name of Any Connected Or American Society of	-									isir	ng l	Rep	ore	ser	ntat	ive	, o	r Lo	ead	lers	ship) P/	٩C	Spo	ons	or	
																										<u> </u>		
	Mailing Address	4245 N. Fairf	ax Drive																					1				
		Suite 750																										
		Alexandria													Ľ	/A 			2	2220	03					<u> </u>		
					CITY	′▲								:	STA	λΤΕ						ZI	ΡC	OD	E 🖌	•		
	Relationship: X Connected	Organization	Affili	atec	l Org	aniza	atio	n	Jo	oint	Fu	ndr	aisi	ng	Re	pres	sent	tativ	/e	I		Lea	der	ship) PA	.C 5	Spon	sor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Duda, Eliz	peth, , ,	
Full Name		
Mailing Address	4401 N Fairfax Drive	
	Suite 600	
	Arlington	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Manager	Telephone number 703 - 516 9300	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Glassey, Nathan, , ,					
of Treasurer						
Mailing Address	4401 N Fairfax Drive					
	Suite 600					
	Arlington					
	CITY ▲ STATE ▲ ZIP CODE ▲					
Title or Position ▼						
	Image:					

FEC Form 1 (Revised 0)	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

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Mailing Address	920 N Taylor St		
		VA 22203	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depo	ository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲