Image# 201902269145584923				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			iffice Use Only
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	IZFE4MO	
American Socie	ty of Pension Pro	fessionals & Act	uaries NTS	A PAC
ADDRESS (number and street)	4245 N Fairfax Dr Suite 750			
(Check if address is changed)	Suite 750			
is changed)	Arlington		VA 222	203
			STATE ▲	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	eduda@usaretirement	.org		
is changed)				
	Optional Second E-Mail Ad ara.it@usaretiremen	dress I t.org		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 01 /	29 ⁷ 2013			
3. FEC IDENTIFICATION	NUMBER ► C c	00515049		
4. 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 i	t is true, correct and	d complete.
Type or Print Name of Treasu	_{rer} Hansen, Will, , Mr.,			
Type of this mane of fields				
Signature of Treasurer	nsen, Will, , Mr.,	[Electronically Filed]	Date 02	26 / Y Y Y Y 2019
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
Can	didate	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. (Comple information below.)	te the candidate
Name Cand	e of lidate		
	lidate ⁄ Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)			emocratic, publican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization	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 segre committee. (i.e., nonconnected committee)	egated 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	t 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	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

American Society of Pension Professionals & Actuaries NTSA PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Society of Pe	ension Professionals & Actuaries									
	4245 N. Fairfax Drive									
Mailing Address										
	Suite 750									
	Alexandria	VA 22203								
	CITY	STATE ZIP CODE								
Alexandria VA 22203										

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

Duda, Eli	zabeth, , ,
Full Name	
Mailing Address	4245 North Fairfax Drive
	Suite 750
	Arlington VA 22203 Image: Ima
Title or Position	CITY STATE ZIP CODE
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 NameHanseof Treasurer	en, Will, , Mr.,
Mailing Address	4245 N. Fairfax Drive
	Suite 750
	Arlington
	CITY STATE ZIP CODE
Title or Position Chief of Gov Affairs	Telephone number 703 516 9300

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																													_
Full Name of Designated Agent																													
Mailing Address																													
	CITY									STATE ZIP CODE																			
Title or Position																													
													Tele	eph	one	e ni	umt	ber											

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.

Suntru	st Bank		
Mailing Address	901 N Glebe Road		
		VA 22203 – I – I – I – I – I – I – I – I – I –	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	