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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) JAP Worldwide Services Inc. Political Action Committee 7315 N Atlantic Ave ADDRESS (number and street) (Check if address is changed) Cape Canaveral FL 32920 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hollie.chesser@iapws.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2018 C00414425 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. DeRosa, Terrance, , , Type or Print Name of Treasurer DeRosa, Terrance, , , [Electronically Filed] 05 2018 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 Only Local 202-694-1100

	550 5	4 (During 4 00 (000)	Davis 0
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		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
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State FL District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand	e of lidate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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.)	
Join	t Fund	raising 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.	wo or more political
(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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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V	Vrite or Type Committee Na		3
		e Services Inc. Political Action Committee	
ô.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
 	AP Worldwide Serv	vices Inc	
	Mailing Address	7315 N Atlantic Ave.	
	J		
		Cape Canaveral FL 32920	-
		CITY STATE	ZIP CODE
	Relationship: x Conne	ected Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
	Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person in po	ssession of committee
	Chesse	er, Hollie, , ,	
	Full Name	,7315 N Atlantic Ave	
	Mailing Address		
		Cape Canaveral FL 32920	
	Title or Position	CITY STATE	ZIP CODE
			784 7179
١.	Treasurer: List the name any designated agent (e.ç	and address (phone number optional) of the treasurer of the committee; and the nag., assistant treasurer).	ame and address of
	Full Name DeRosa of Treasurer	a, Terrance, , ,	
	Mailing Address	7315 N Atlantic Ave	
		Cape Canaveral FL 32920	
	Title or Position	CITY STATE	ZIP CODE
			784 - 7392

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Full Name of Designated	McGuire, Kim, , ,	
Agent Mailing Address	7315 N Atlantic Ave	' <u> </u>
, and the second		
	Cape Canaveral FL 32920	
Title or Position		CODE
Osidott		7710
P- /	Populationia, District them and the second s	
Banks or Othe	r Danceitarias, Liet all hanks or other denocitories in which the committee denocite founds had a se	counts ronts
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds accoves or maintains funds.	Counts, Tents
	ooxes or maintains funds.	ACOUNTS, TENIS
safety deposit b	ooxes or maintains funds.	Zounts, rents
safety deposit b	Depository, etc. Bank of America 100 N Tyron St	
safety deposit b Name of Bank,	Depository, etc. Bank of America 100 N Tyron St	Louins, rents
safety deposit b Name of Bank,	Depository, etc. Bank of America 100 N Tyron St	
safety deposit b Name of Bank,	Depository, etc. Bank of America 100 N Tyron St Charlotte NC 128255	P CODE
safety deposit b Name of Bank,	Depository, etc. Bank of America 100 N Tyron St Charlotte CITY STATE ZIP	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 100 N Tyron St Charlotte CITY STATE ZIP	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 100 N Tyron St Charlotte City State ZIP Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 100 N Tyron St Charlotte City State ZIP Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 100 N Tyron St Charlotte City State ZIP Depository, etc.	