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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Professional Aviation Safety Specialists PAC 1200 G Street NW ADDRESS (number and street) Suite 750 (Check if address is changed) Washington DC 20005 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jdenning@passnational.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.passnational.org (Check if address is changed) DATE 2021 C00286807 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. Rose, Dennie, , , Type or Print Name of Treasurer Rose, Dennie,,, [Electronically Filed] 06 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate inf	formation below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate			
Name of Candidate				
Candidate Party Affiliation Office Sought: House Senate	State President District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized				
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is a:			
Corporation Corporation w/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 NC committee. (i.e., nonconnected committee)	OT a separate 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 I	PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
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.				
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.				
Committees Participating in Joint Fundraiser				
1.	C			
	C			

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٧	Vrite or Type Committee Na	·	9	
	Professional	Aviation Safety Specialists PAC		
6.		d Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor	
	Mailing Address	1200 G Street NW	<u> </u>	
		Suite 750		
		Washington	C   20005	
		CITY ▲ STA	TE ▲ ZIP CODE ▲	
	Relationship: X Connec	eted Organization		
	neiationship.	Allillated Organization John Fundraising Nep	Leadership FAC Spons	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.			
	Dennin	g, Jana, , ,		
	Full Name			
	Mailing Address	1200 G ST NW STE 750		
		Washington	C   20005	
		CITY ▲ STA	TE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Director of GA	Telephone number		
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the comg., assistant treasurer).	nmittee; and the name and address of	
	I dii I tairio	Dennie, , ,		
	of Treasurer	1200 G ST NW STE 750		
	Mailing Address	1200 0 01 1444 012 730		
		Washington	DC 20005	
	Title ou Desities	CITY ▲ STA	TE ▲ ZIP CODE ▲	
	Title or Position ▼		202     293     7277	

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Full Name of Designated Agent	Denning, Jana, , ,					
Mailing Address	1200 G Street NW					
	Washington	DC 2	20005 			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
		one number 202				
	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.					
	Wachovia Bank					
Mailing Address	NC8502 PO BOX 563966					
	Charlotte	NC   2	8262			
	CITY A	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
	Bank Of Labor	1 1 1 1 1 1 1				
Mailing Address	756 Minnesota Ave					
	uKanana City	6	6101			
	Kansas City CITY ▲	STATE A	ZIP CODE A			