Image# 202210149532393560				PAGE 1 / 5
FEC FORM 1	STATEMEN ORGANIZA			Office Use Only
1. NAME OF	(Check if name	Example: If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
	PO Box 489			
ADDRESS (number and street)				
 (Check if address is changed) 				
			GA 3	0548-0489
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	outsourcing@aristotle.c	com		
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
	D / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	IUMBER ► C CO	0348623		
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 it	is true, correct a	nd complete.
Type or Print Name of Treasure	er Persing, Charles, N., ,			
Signature of Treasurer	ing, Charles, N., ,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 14 2022
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMAT	nay subject the person signing ION SHOULD BE REPORTED		ne penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE:	
Candidate 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. (Comp information below.)	lete the candidate
Name of Candidate	
CandidateOfficeParty AffiliationSought:HouseSenatePresident	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	nocratic, Iblican, etc.) Party
Political Action Committee (PAC):	
(e) x This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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 accounts (Hyl	brid 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 (i) 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 (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1.

С

2.

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I	FEC Form 1 (Revised ()2/2009)	Page 3
۷	Vrite or Type Committee Name		
	NATIONAL ASSOCIAT	ION OF BANKRUPTCY TRUSTEES POLITICAL ACTION COMMITTEE	(NABT PAC)
6.	-	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership of Bankruptcy Trustees	PAC Sponsor
	Mailing Address	PO Box 489	
		Hoschton GA 30548-0489	
		CITY A STATE A ZIF	P CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	dership PAC Sponso

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

Brinkley, Je	ennifer, , ,			
Full Name				
Mailing Address	PO Box 489			
	Hoschton		GA	\
		CITY 🔺	STATE	ZIP CODE
Title or Position ▼				
Custodian of Records 678 269 6619 Telephone number 1 1 1 1				

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	Persing, Charles, N., ,			
of Treasurer				
Mailing Address	55 Kinglet Dr S			
	Cranbury NJ 08512-2133 - - -			
	CITY ▲ STATE ▲ ZIP CODE ▲			
Title or Position ▼				
Treasurer	Telephone number 347 - 637 - 0489			

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Full Name of Designated	Brinkley, Jennifer, , ,
Agent	
Mailing Address	PO Box 489
	1
	Hoschton GA 30548-0489 Image: Image
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Designated Agen	t 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.

First Fi	delity Bank			
Mailing Address	63 E. Main Street			
	Mesa		AZ 85201	
		CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, Depository,	etc.			
Mailing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Updating Treasurer

Form/Schedule: Transaction ID: