Image# 201808289121533615				08/28/2018 13 : 59
			I	PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZA			
			Office	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
National Society of	Professional Engin	eers Political Actio	on Committee	e (NSPE-PAC)
1				1
ADDRESS (number and street)	1420 King Street			
(Check if address is changed)	1			1
is changed)	Alexandria		VA 22314	· · · · · · · · · · · · · · · · · · ·
			L L STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address	jkeane@nspe.org			
is changed)	Optional Second E-Mail Addre			
	shamilton@nspe.org			
COMMITTEE'S WEB PAGE ADD	BESS (UBL)			
(Check if address	www.nspe.org			1
is changed)				
M M / D				
2. DATE 08 28	2018			
3. FEC IDENTIFICATION NU	MBER ► C COO	090415		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined thi	is Statement and to the best of	f my knowledge and belief it i	s true, correct and c	omplete.
Type or Print Name of Treasurer	Dean, Michael, Curtis, ,			
Signature of Treasurer	Michael, Curtis, ,	[Electronically Filed]	Date 08	28 / Y Y Y Y 28 2018
NOTE: Submission of false, errone	ous, or incomplete information mathematics and a second seco			enalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	n <b>F</b>	EC FORM 1 Revised 06/2012)

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FEC	C Form 1 (Revised 02/2009)	Page <b>2</b>
	DF COMMITTEE	
Candie	date 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. (Com information below.)	plete the candidate
Name o Candida		
Candida Party Af		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
_	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 NOT a separate se committee. (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.)	
Joint F	undraising 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.	vo 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.	vo or more political
C	Committees Participating in Joint Fundraiser	
1	1 FEC ID number C	
2	2. FEC ID number	
3	3 FEC ID number C	
2	4.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## National Society of Professional Engineers Political Action Committee (NSPE-PAC)

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

National Society of Pro	fessional Engineers			
Mailing Address	1420 King Street			
	Alexandria CITY		VA STATE	22314 
Relationship: <b>x</b> Connected	_	nmittee Joint Func	raising Representativ	-
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone r	number optional) and	d position of the pers	on in possession of committee
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telepho	ne number	
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number opt ssistant treasurer).	tional) of the treasurer	of the committee; an	nd the name and address of
Full Name   Dean, Michae     of Treasurer	ael, Curtis, ,			
Mailing Address	128 Carlyle Way			
	Fairbanks		STATE	21P CODE
Title or Position Treasurer		Telephor	907 ne number	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																			1							
Mailing Address																										
																L				L				 L		
							CI	TΥ								ST	ATE					ZI	P (	DE		
Title or Position																										
											Tele	eph	one	e n	um	ber		L			 - [_					

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	PO Box 85024		
	Richmond		5
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE