**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CAE (US) Inc. PAC 4908 Tampa West Blvd ADDRESS (number and street) (Check if address is changed) Tampa  $\mathsf{FL}$ 33634-2411 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS caeuspac@caemilusa.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00764480 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. Waters, Jennifer, , , Type or Print Name of Treasurer Waters, Jennifer, , , [Electronically Filed] 06 17 2021 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

Local 202-694-1100

FEC <b>Fo</b> r	<b>m 1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF CO	OMMITTEE 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s 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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Comi	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
0	FEC ID number	
2.		
2. 3.	FEC ID number	

FEC Form 1 (Revised		Page 3
Write or Type Committee Name		
CAE (US) Inc. I	PAC	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
CAE (US) Inc.		
	4908 Tampa West Blvd	
Mailing Address	4508 Fallipa West Blvu	
	Tampa FL STATE	33634-2411 ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the per	rson in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name an any designated agent (e.g.,)	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
Full Name Waters, Je of Treasurer	ennifer, , ,	
Mailing Address	2929 W. Airfield Drive	
	Dallas	75261-4508
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	Mason, David, Marion, ,					
Mailing Address	PO Box 15441					
	Washington DC 20003-044  CITY STATE ZI	1 P CODE				
Title or Position Assistant Treasi	urer	3 - 8345				
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.						
Mailing Address	Chain Bridge Brank  1445-A Laughlin Avenue					
3 122.000	McLean VA 22101					
	CITY STATE ZI	IP CODE				
Name of Bank, [	Depository, etc.					
Mailing Address						
	CITY STATE ZI	IP CODE				

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amended registration is being filed to update the committee's Treasurer.

Form/Schedule: Transaction ID: