Only

STATEMENT OF

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FEC FORM 1			RGAN		ON							\mathrew (**)				
1. NAME OF			Charle if name	. Eve	ample: If ty	mina t	, ,,,,	+	-			Office (Jse On	ly		
COMMITTEE (ir	full)		Check if name changed)		r the line		/pe	1	.2F	Ξ4M	5					
CAE (US) In	c. PAC	, 														
ADDRESS (number a	nd street)	4908 Tar	npa West Blvd													
(Check if a		1			1 1 1	1 1	1 1	1 1	ı	1 1	1		1 1	1 1	ı	1
is changed	1)	Tampa							FL	1	33	634-2	2411			
		Cl	TY 🛦					[S	TATE	_ E ▲				 P CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS														
X ◀ (Check if a is changed		caeuspa	nc@caemilusa	.com												
io diango.	-,	Optional	Second E-Ma	il Address												
		fecinfo@p	pass1.com													
COMMITTEE'S WEB (Check if a is changed)	address	DRESS (UF	RL)													
2. DATE 08	M / D 09	D / Y	y y y 2023													
3. FEC IDENTIFIC	CATION NU	JMBER >	. C	C007644	30											
4. IS THIS STATEM	MENT _	NEW	(N) OI	?	С АМ	ENDED	(A)									
I certify that I have e	examined th	is Stateme	nt and to the	best of my	knowledg	e and b	elief	it is t	rue,	corre	ct an	d con	nplete			
Type or Print Name	of Treasure	Waters,	Jennifer, , ,													
Signature of Treasure	er Wate	rs, Jennifer,	, ,					Da	te	M C	M 8	/ D	09	/ Y	2023	3
NOTE: Submission of	false, errone		omplete informa									pena	alties o	of 52	U.S.C.	. §30109
Office Use					For furth Federal E Toll Free	lection C	ommis		ct:				C F			

Local 202-694-1100

	TYPE OF COMMITTEE:						
	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. (Complete the candidate information below.)							
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District					
	Name of Candidate						
	Party Committee:						
	(d) This committee is a (National, State or subordinate) committee of the Republican,	•					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:					
	X Corporation Corporation w/o Capital Stock Labor O	rganization					
	Membership Organization Trade Association Coopera	tive					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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 (Hybrid PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint Fundraising Representative:						
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political					
	(j) 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						
	1C						

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٧	Vrite or Type Committee Name	A.C.			
 6.	CAE (US) Inc. P.	rganization, Affiliated Committee, Joint	Fundraising Representat	tive. or Leaders	ship PAC Sponsor
	CAE (US) Inc.	3	· analanang rioproconta	,	
	Mailing Address	4908 Tampa West Blvd			
		Tampa	FL FL	33634-	2411
		CITY ▲	STATE	A	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Repre	sentative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number opti	onal) and position of the pe	erson in possess	sion of committee
	CAE BAC	Agent, PASS Inc, , ,			
	Full Name	lyent, FA33 inc, , ,			
	Mailing Address	1950 Roland Clarke Place Ste 300			
		Reston	VA	20191	
		CITY ▲	STATE	. ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone number		
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of tassistant treasurer).	he treasurer of the comm	ittee; and the n	ame and address of
	Full Name Waters, Jer	nnifer, , ,			1
	or freasurer	2929 W Airfield Dr			
	Mailing Address				
		Dallas	TX	75261-	4508
		CITY ▲	STATE	.	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	214	770 - 2729

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
. Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in w maintains funds.	hich the committee deposits funds	s, holds accounts, rents
Name of Bank, Deposit	ory, etc.		
Cha	in Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA2	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposit	ory, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

The registration is being amended to update the PAC name, email address and custodian of records.

Form/Schedule: Transaction ID: