

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Let Experienced Pilots Fly PAC

ADDRESS (number and street)

2501 Chatham Road, Suite R

(Check if address is changed)

Springfield

CITY ▲

IL

STATE ▲

62704

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

baronnur1@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

raisethepilotage.com

2. DATE

04 / 02 / 2025

3. FEC IDENTIFICATION NUMBER ►

C 00899872

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

(email address updated)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nurit Baron

Signature of Treasurer

[Handwritten Signature]

Date

04 / 02 / 2025

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 03/2022)

NONDISCRIMINATION NOTICE

5. 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.

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 NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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

1. _____

2. _____

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

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

LET EXPERIENCED PILOTS FLY

Mailing Address P.O. BOX 1124

Pascagoula MS 39568

CITY STATE ZIP CODE

Relationship: [X] Connected Organization [] Affiliated Organization [] Joint Fundraising Representative [] Leadership PAC Sponsor

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

Full Name LAUREL-ELLEN SMITH

Mailing Address P.O. BOX 1124

Pascagoula MS 39568

CITY STATE ZIP CODE

Title or Position CUSTODIAN OF RECORDS Telephone number 914-219-0977

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 of Treasurer NURIT BARON

Mailing Address 1110 FOX RUN

Easton PA 18042

CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 484-866-7172

NONDISCRIMINATION NOTICE

Full Name of Designated Agent

ROBIN JONES

Mailing Address

2501 CHATHAM ROAD SUITE R

SPRINGFIELD

IL

62704

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

REGISTERED AGENT

Telephone number

312-442-0279

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.

PNC BANK

Mailing Address

4422 Sputhmont Way

Easton

PA

18045

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NONDISCLOSURE

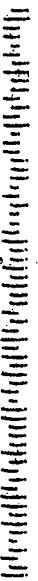
Murt Boston
Treasurer
Let Experienced Filers Fly A/C
110 Fox Run
Easton, PA 18042

LEHIGH VALLEY PA 180

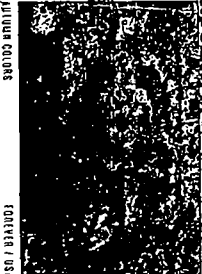
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FEC
1050 First St, NE
Washington, DC 20463

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NONPROFIT ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

WJ
 PREPARER
 (4/2023)

4/14/25
 DATE PREPARED

NONREC'D BY MAIL SERVICE