Image# 201907319161292042				0//31/2019 16 : 08
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 4
	( <b>-</b> )		Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
MANAGEMENT A	ND TRAINING COR	PORATION POLIT		
ADDRESS (number and street)	500 NORTH MARKETPLACE	DRIVE		
(Check if address				
is changed)	CENTERVILLE			
			UT 8440	
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address	lyle.parry@mtctrains.co	om		
is changed)	Ontional Second E Mail Add			
	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 07	31 / Y Y Y Y 2019			
3. FEC IDENTIFICATION	NUMBER ► C C	00208322		
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 and	complete.
Type or Print Name of Treasu	urer Parry, Lyle, J, ,			
Signature of Treasurer	urry, Lyle, J, ,	[Electronically Filed]	Date 07	D D / Y Y Y Y 31 2019
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing t ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
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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FE	C Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE (	DF COMMITTEE	
Candi	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. (Comple information below.)	te the candidate
Name o Candida		
Candida Party At		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)		emocratic, publican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
	Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.	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.	or more political
(	Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
:	2 FEC ID number C	
;	3 FEC ID number C	
	4 FEC ID number C	
	+	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## MANAGEMENT AND TRAINING CORPORATION POLITICAL ACTION COMMITTEE

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

Managr	ment & Trainir	ng Corporation				
Mailing	Address	500 N Marketplace Dr				
		Centerville			UT 84	014
		CITY			STATE	ZIP CODE
Relation	nship: 🗶 Connect	ed Organization Affiliated Co	ommittee Joint	Fundraising F	Representative	Leadership PAC Sponsor
	lian of Records: Id and records.	entify by name, address (phone	number optiona	I) and positio	n of the person	in possession of committee
	Parry, L	/le, J, ,				
Full Na	me L					
Mailing	Address	500 North Marketplace Drive				
		Centerville			UT 84	1014           -
Title or	Position	CITY		5	STATE	ZIP CODE
Treas	urer		Tel	ephone numb	801	693 _ 2750

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	Parry, Lyle, J, ,
Mailing Address	500 North Marketplace Drive
	CITY STATE ZIP CODE
Title or Position Treasurer	1 1 1 693 2750   1 1 1 1 1 1

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Full Name of Designated Agent																			1					 		
Mailing Address			l																							
			l																							
			l																						1	
CITY									STATE ZIP CODE																	
Title or Position																										
													Tele	eph	one	e ni	umt	ber						 		

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.
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Wells F	argo		
Mailing Address	299 South Main Street		
	Salt Lake City		84111
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE