2019 DY MI DAY DONOUNC

FEC FORM 1

STATEMENT OF ORGANIZATION

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Management,and,Trair	ning Carporation, P	ρl _i it _i ical Action Com	mittee
ADDRESS (number and street)	500 North Market	place Dnive 1	
(Check if address is changed) (zip was incorrect	المستستار		
(21p was incorrect	CITY ▲		U₁T 84014
COMMITTEE'S E-MAIL ADDRES	SS		·,
(Check if address Is changed)	ly le .parny@mtctr	ains.com	
(not previously on file)	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)			
•			•
2. DATE 07 31	2019		
3. FEC IDENTIFICATION NU	JMBER ► C 00	0208322	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	·
I certify that I have examined th	is Statement and to the best	of my knowledge and belief i	is true, correct and complete.
Type or Print Name of Treasurer	r <u>Lyle J. Parry</u>		
Signature of Treasurer	Tyofomy		Date 07 31 2019
NOTE: Submission of false, errone		may subject the person signing FION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form	1.	(Revised	02/2009	١
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TYPE (OF C	OMMITTEE
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. (Complete the candidate information below.)
Name o Candida		
Candida Party A		Office State President District
(c)		This committee supports/opposes only one candidate, and Is NOT an authorized committee.
Name o Candida		
Party	Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):
(e)	X	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.)
Joint I	Fund	raising Representative:
(g)		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.
(h)		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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number C
	4.	

FEC Form 1 (Revised	02/2009)	· · · · · · · · · · · · · · · · · · ·	Page 3
Write or Type Committee Nam	e		
Management and	Training Corporation Politi	cal Action Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representative, or Lea	dership PAC Sponsor
	·		•
[Managementl& Train	ing Comporation		
Mailing Address	[500] North Marketplace Dr	jv¢, S te . 100	
·			<u> </u>
	Qentervi 1]e		014]-[
	CITY	STATE	ZIP CODE
3801	entify by name, address (phone number op		
books and rootids.			
Full Name Lyle	J. Rarry		
Mailing Address	500 North Marketplace Dr	ive., Site., 100, , , , ,	
		<u> </u>	<u> </u>
	Centerville	<u> </u>	1014 -
Title or Position	CITY	STATE	ZIP CODE
Title of Position	GITT	·	ZIF GODE
Treasurer		Telephone number 801	- <u>[693]</u> -[2 <u>750</u>]
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	e treasurer of the committee; and the	ne name and address of

Full Name Lyle J. Parry of Treasurer [500, North Marketplace, Drive, Ste, 100, Mailing Address 84014 _ - [ЦТ Centerville , , STATE ZIP CODE CITY

Title or Position

Treasurer

Telephone number

801 - 693 - 2750 -

FEC Form 1 (Revise	od 02/2009)		Page 4
Full Name of Designated Agent L 1 L L			
Mailing Address		<u> </u>	
			
•	CITY	STATE ZIF	CODE
Title or Position	Telephone numb	er	<u> </u>
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		e deposits funds, holds a	ccounts, rents
We l ₁ ls	Fargo Bank, NA	 	
		<u> </u>	
•	[Salt_Lake City	UT 84111,	
	CITY	STATE ZII	P CODE
Name of Bank, Depository,	etc.		
Mailing Address		 	
		11	ليسنيا
			لــــــا-لـــــا
	. СПУ	STATE ZII	P CODE

Full Name

Mailing Address

TITLE OR POSITION ▼

FEC Form 1S (Revised 02/	2017) for Lines 5(g) or (h), 6, 8,	and/or 9	Page of
(g) or (h). Joint Fundraisir	ng Participant:		
1		FEC ID number	(C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representati	ve, or Leadership PAC Sponso
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representati	ve, or Leadership PAC Sponso
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representati	ve, or Leadership PAC Sponso
	Organization, Affiliated Committee, Joint Fundr	raising Representation	ve, or Leadership PAC Sponso
Name of Any Connected Mailing Address	Organization, Affiliated Committee, Joint Fundr	raising Representation	ve, or Leadership PAC Sponso
	Organization, Affiliated Committee, Joint Fundr	raising Representation	ve, or Leadership PAC Sponso
Mailing Address			
	Organization, Affiliated Committee, Joint Fundr	raising Representation	

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9.	Banks or Other Depositor safety deposit boxes or ma				ks (or o	ther	de	pos	itor	ies	in	whic	ch t	he :	com	mitt	ee	de _l	oos	its	fuņ	ds,	ho	lds	ac	cou	ınts	, re	ents	
	Name of Bank, Depository, etc.		ـلــــــــــــــــــــــــــــــــــــ			_L	LL	1			_1.			, 1	L	L1	1	L				_1	L		L_						L_
	Mailing Address	L		_1_	L.	لــــــــــــــــــــــــــــــــــــــ									ــــــــــــــــــــــــــــــــــــــ	الــــا								نــــــــــــــــــــــــــــــــــــــ	⊥ــ						
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CITY A

STATE A

ZIP CODE A

Via E-Mail

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	MING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify): Email	e of Receipt or Postmarked 7 -31-19
nf	7-31-19
(3/2015)	DATE PREPARED