PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rockwell Collins Inc. Employee PAC 1300 Wilson Blvd. #200 ADDRESS (number and street) (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim.peterson@rockwellcollins.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00365684 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. Timothy A. Peterson Type or Print Name of Treasurer Timothy A. Peterson [Electronically Filed] 02 18 2016 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.	FEC ID number C	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		r ago c
	s Inc. Employee PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadershin PAC Sponsor
-	organization, Anniated Committee, Some Fundraising Representative, C	n Leadership i Ao Sponsoi
Rockwell Collins Inc.		
Mailing Address	400 Collins Road NE	
	Cedar Rapids	52498
	CITY STATE	ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representati	ive Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the per	rson in possession of committee
	A. Peterson	
Full Name	1300 Wilson Blvd. #200	
Mailing Address		
		22200
	Arlington	22209
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	03 - 516 - 8228
3. 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 Timothy A	Peterson	1
of Treasurer	14200 Wilson Plud #200	
Mailing Address	1300 Wilson Blvd. #200	
	Arlington	22209
Title or Position , Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

. 20 . 2 1 (10	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
Name of Bank, Deposit	sitories: List all banks or other depositories in which the or maintains funds. tory, etc.		
Name of Bank, Deposit	r maintains funds. tory, etc. chovia Bank 1300 Wilson Boulevard		09
Name of Bank, Deposit	r maintains funds. tory, etc. achovia Bank)9
Name of Bank, Deposit	r maintains funds. tory, etc. chovia Bank 1300 Wilson Boulevard		D9 ZIP CODE
Name of Bank, Deposit	r maintains funds. tory, etc. 1300 Wilson Boulevard Arlington CITY	VA 22220	
Name of Bank, Deposit Wa Mailing Address	r maintains funds. tory, etc. 1300 Wilson Boulevard Arlington CITY	VA 22220	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. 1300 Wilson Boulevard Arlington CITY tory, etc.	VA 22220 STATE	
Name of Bank, Deposit Wa Mailing Address	r maintains funds. tory, etc. 1300 Wilson Boulevard Arlington CITY tory, etc.	VA 22220 STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. 1300 Wilson Boulevard Arlington CITY tory, etc.	VA 22220 STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. 1300 Wilson Boulevard Arlington CITY tory, etc.	VA 22220 STATE	

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

Form/Schedule: F1A Transaction ID:

This amendment is being filed to disclose the PAC's new Treasurer, Custodian of Records and Email address. Please update your records accordingly.

Form/Schedule: Transaction ID: