## STATEMENT OF

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FORM 1		ORGAI	NIZAT	ION						
							Offic	e Use Only		
NAME OF     COMMITTEE (ir	n full)	(Check if na is changed)		xample:If typing ver the lines.	g, type	12FE4	45			
VIRGIN GAL	ACTIC	LLC POLITIC	AL ACT	ION COM	MITTE	E (VIRO	SIN G	ALAC	TIC P	AC)
	1 1 1 1				1 1 1 1	1 1 1		1 1 1	1 1	
		65 BLEECKER STRE	EET 6TH FLO	OR						
ADDRESS (number a	•									
☐ ◀ (Check if a is changed		NEW YORK CITY A				NY STATE ▲	10012		- L	
COMMITTEE'S E-MA	AIL ADDRES	SS								
(Check if a is changed	address	GEORGE.WHIT	ESIDES@	VIRGINGALA	CTIC.CO	<b>M</b>				
		Optional Second E- JAN.BORKOW	Mail Address /SKI@VIR	RGINGALAC	TIC.CO	M <sub></sub>	1 1		1 1	
COMMITTEE'S WEB  (Check if a is changed)	address	PRESS (URL)								
2. DATE 1	1 / 04									
3. FEC IDENTIFIC	CATION NU	MBER ▶	C C00503	3425						
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMEND	ED (A)					
I certify that I have e	examined thi	is Statement and to t	he best of m	y knowledge an	d belief it i	s true, corr	ect and c	omplete.		
Type or Print Name	of Treasurer	WHITESIDES, GEO	RGE, , ,							
Signature of Treasure	er <i>WHITI</i>	ESIDES, GEORGE, , ,		[Electronically	Filed]	Date	11 /	04	201	
NOTE: Submission of		ous, or incomplete info	-					enalties of	2 U.S.C.	§437g.
Office				For further int			F	EC FC	PM 1	

	Office		For further information contact:
	Use		Federal Election Commission
1	Only		Toll Free 800-424-9530
	Offig		Local 202-694-1100

(Revised 06/2012)

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	COMMITTEE	1 aye <b>2</b>
Candidat	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	tion 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 Co		
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the control of th	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

			l
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Writ	te or Type Committee Name		
VI	RGIN GALACTIC	LLC POLITICAL ACTION COMMITTEE (VIRGIN GALA	ACTIC PAC)
6. 1	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
VIF	RGIN GALACTIC, L	LC	
	Apiling Address	65 BLEECKER STREET	
IV	Mailing Address	6TH STREET	
		NEW YORK NY 10012	
		CITY STATE ZII	P CODE
F	Relationship: <b>x</b> Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
		DES, GEORGE, , ,	ı
F	full Name	,65 BLEECKER STREET	
N	Mailing Address	6TH FLOOR	
		NEW YORK NY 10012	
Т	Title or Position	CITY STATE ZIF	P CODE
L	TREASURER	Telephone number	
	reasurer: List the name and ny designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
		DES, GEORGE, , ,	1
0	f Treasurer	IGE DI EECVED STREET	
N	Mailing Address	65 BLEECKER STREET	
		6TH FLOOR	
		NEW YORK NY 10012  CITY STATE ZIF	CODE
	itle or Position TREASURER	Telephone number	

1 20 101111 1 (10	Revised 02/2009)	Page <b>4</b>
Full Name of Designated CAM Agent	ЛРAGNA, JON, , ,	
Mailing Address	65 BLEECKER STREET	
	6TH FLOOR	
	NEW YORK CITY STATE	10012 ZIP CODE
Title or Position  ASSISTANT TREASU		
safety deposit boxes or Name of Bank, Deposi	itory, etc.	
safety deposit boxes or Name of Bank, Deposi	maintains funds. itory, etc.  MORGAN CHASE  270 PARK AVENUE	
safety deposit boxes of Name of Bank, Deposi	maintains funds. itory, etc.  MORGAN CHASE	10017
safety deposit boxes of Name of Bank, Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK	10017
safety deposit boxes of Name of Bank, Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK  CITY  STATE	
safety deposit boxes of Name of Bank, Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK  CITY  STATE	10017
safety deposit boxes of Name of Bank, Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK  CITY  STATE	10017
Safety deposit boxes of Name of Bank, Deposition Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK  CITY  STATE	10017
Safety deposit boxes of Name of Bank, Deposition Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK  CITY  STATE	10017
safety deposit boxes of Name of Bank, Deposi	MORGAN CHASE  270 PARK AVENUE  41ST FLOOR  NEW YORK  CITY  STATE	10017