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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Alcoa Corporation Employees' Political Action Committee 1050 K St. NW ADDRESS (number and street) Ste 1175 (Check if address is changed) Washington 20001-4949 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2018 C00501106 FEC IDENTIFICATION NUMBER 3. 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. Atkins, Susan, L.,, Type or Print Name of Treasurer Atkins, Susan, L.,, [Electronically Filed] 05 2018 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

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		OMMITTEE	raye z			
Can	didate 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.				
Name Cand	e of didate					
Par	ty Con	nmittee:	(Daniel and the			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 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	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		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.	wo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

	-			
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V	Vrite or Type Committee Name			
/	Alcoa Corporati	on Employees' Political Ac	tion Committee	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leadership	PAC Sponsor
Α	Icoa Corporation			
	Mailing Address	1050 K St NW		
	maining / taurese	Ste 1175		
		Washington	DC 20001-4417	
		CITY	STATE ZII	PCODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fun	draising Representative Leade	ership PAC Sponsor
	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) ar	nd position of the person in posses	ssion of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE ZIF	P CODE
		Telepho	one number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the name	and address of
	Full Name Atkins, Sus	ean, L., ,		
	Mailing Address	201 Isabella St.		
		Suite 500		
		Pittsburgh	PA 15212-5858	
	Title or Position	CITY	STATE ZIF	CODE
	Treasurer	Telepho	one number 412 - 315	5 2824

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Full Name of		<u> </u>
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Depos	or maintains funds. sitory, etc. S Bank	
Name of Bank, Depos	sitory, etc.	
Name of Bank, Depos	S Bank 461 5th Ave	ZIP CODE
Name of Bank, Depos	S Bank 461 5th Ave New York New York CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	S Bank 461 5th Ave New York New York CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	S Bank 461 5th Ave New York New York CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	S Bank 461 5th Ave New York CITY STATE sitory, etc.	
Name of Bank, Depos Mailing Address Name of Bank, Depos	S Bank 461 5th Ave New York CITY STATE sitory, etc. NC Bank 500 First Avenue	ZIP CODE
Name of Bank, Depos Mailing Address Name of Bank, Depos	S Bank 461 5th Ave New York CITY STATE sitory, etc.	ZIP CODE

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

Form/Schedule: F1N Transaction ID:

Amendment to add new bank account.

Form/Schedule: Transaction ID: