

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

**AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE
(ACIPAC)**

ADDRESS (number and street)

1775 K STREET NW SUITE 500☐(Check if address
is changed)**WASHINGTON****DC****20006**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nzimini@aci-na.aero

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028875365

2. DATE

M M
1 1/ D D
2 2/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00341800

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 Treasurer

Greg Principato

Signature of Treasurer

Electronically Filed by **Greg Principato**

Date

M M
1 1/ D D
2 2/ Y Y Y Y
2 0 0 6

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 of
Candidate

Candidate
Party Affiliation

Office
Sought:

1

House

9

Senate

5

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY STATE 

ZIP CODE ▲

Relationship

A horizontal number line with 21 tick marks, representing a scale from 0 to 100 in increments of 5.

Type of Connected Organization:

9

Corporation

□

Corporation w/o Capital Stock

9

Labor Organization



Membership Organization



Trade Association

1

Cooperative

Write or Type Committee Name

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (ACIPAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Nancy Zimini**

Mailing Address **7017 Bruin Ct**

Manassas **VA** **20111** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Vice President Telephone number **202** **293** **8500**

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 **Greg Principato**

Mailing Address **4717 Newcomb Place**

Alexandria **VA** **22304** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **202** **293** **8500**

Full Name of Designated Agent **Ashleigh M de la Torre**

Mailing Address **2456 20th St, NW**

#507

Washington **DC** **20009** -




Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Ast. Treasurer Telephone number **202** **861** **8096**

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.

Mailing Address

CITY  STATE  ZIP CODE 

CITY STATE ZIP CODE