Image# 201908209162944671				PAGE 1 / 5
FEC FORM 1	STATEMEN ORGANIZ	_		
1. NAME OF	(Check if name	Example: If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Avis Budget Gro	up, Inc. PAC			
ADDRESS (number and street)	6 Sylvan Way			
(Check if address				
is changed)	Parsippany		NJ 07054	4
			L⊥⊥ L⊥ STATE ▲	
	E00			
COMMITTEE'S E-MAIL ADDR	LSS ,trgadson@comerica.cc	om		
is changed)				
	Optional Second E-Mail Add	dress		
 (Check if address is changed) 				
	20 / Y Y Y Y 20 2019			
B. FEC IDENTIFICATION N	NUMBER ► C C	00335026		
. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true. correct and c	complete.
		, , , , , , , , , , , , , , , , , , , ,		·
ype or Print Name of Treasur	er Calabria, David, , ,			
Signature of Treasurer	abria, David, , ,	[Electronically Filed]	Date 08	D D / Y Y Y Y 20 2019
IOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on 🔽	EC FORM 1 (Revised 06/2012)

08/20/2019 08 : 00

	Form 1 (Revised 02/2009) Page 2		
	COMMITTEE te 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 of Candidate			
Candidate Party Affilia	ation Office Sought: House Senate President District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	mmittee:		
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part		
Political	Action Committee (PAC):		
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is		
	Corporation Corporation w/o Capital Stock		
	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 part 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 Fur	idraising 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.		
Со	mmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Avis Budget Group, Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Avis Budget G	roup, Inc.			
Mailing Address	6 Sylvan Way			
	Parsippany		NJ 070	954
	CITY		STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee	Joint Fundraising	g Representative	Leadership PAC Sponsor
7. Custodian of Rebooks and record	cords: Identify by name, address (phone number s.	optional) and posit	tion of the person i	n possession of committee
Full Name	PAC Services, Comerica Bank, , ,			
Mailing Address	P.O. Box 75000			

	MC 2250		
	Detroit	MI	48275
Title or Position	CITY	STATE	ZIP CODE
Record Keeper		Telephone number	¹⁸ - 371 - 7045

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	Calabria, David, , ,
Mailing Address	6 Sylvan Way
	Parsippany
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 973 496 6437

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Full Name of Designated Agent	Tarlowe, Rochelle, , ,	
Mailing Address	6 Sylvan Way	
	Parsippany NJ 07054	
	CITY STATE ZIP CODE	
Title or Position	Telephone_number	

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.

	erica Bank		
Mailing Address	PO Box 75000		
	PAC Services, MC 2250		
	Detroit	MI 48	3275
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Amended to update email

Form/Schedule: Transaction ID: