Image# 201903069145641053			_	PAGE 1 / 4
FEC FORM 1				
1. NAME OF				fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
AIRPORTS COL	JNCIL INTERNA	TIONAL-NORTH	AMERICA	PAC
ADDRESS (number and street)	1615 L ST NW			
(Check if address is changed)	SUITE 300			
is changed)	WASHINGTON		DC 200	36
			STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	llisker@hdafec.com			
is changed)				
	Optional Second E-Mail Ad	dress Incil.org		
	Ψ			
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
is changed)				
	D6 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N	IUMBER ► C C	00341800		
4. IS THIS STATEMENT	K NEW (N) OR	AMENDED (A)		
			a ta anna 1999 a 1999 a	
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasur	er Lisker, Lisa, , ,			
Signature of Treasurer	er, Lisa, , ,	[Electronically Filed]	Date 03	06 / Y Y Y Y 2019
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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TYPE OF	COMMITTEE
Candida	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 Affili	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	ommittee:
(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 Labor Organization
	Membership Organization
	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 Fu	ndraising 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

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA PAC

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

A	irports Council Intern	ational-North America												
	Mailing Address	1615 L St., NW												
	-	Ste. 300												
		Washington					DC		20036	I		-L		
		CITY					STATE			ZI	P CC	DDE		
	Relationship: x Connected	d Organization	nittee	Joint	Fundra	aising	Represer	ntative	l	_eade	ership) PA	C Spo	onsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone nu	imber	optiona	l) and	positio	on of the	perso	n in p	osse	ssior	ו of מ	comm	nittee
	Lisker, Lis	a, , ,												
	Full Name													
	Mailing Address	228 S. Washington St., Ste. 115												
		1								I				

	Alexandria	VA	22314
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	3 - 549 - 7705

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Lisker, Lisa, , ,
Mailing Address	228 S. Washington St., Ste. 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Giltner, Har	nah, , ,									1															
Mailing Address		1615 L St., NW																								
		Ste. 300																								
		Washington															2	003	86			-[
			(CIT	Y							S	STA	ΤE						ZIF	Р С	ODI	E			
Title or Position	ırer]		Tele	pho	one	nu	mb	er			1						-[

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.

Ac	cess National Bank		
Mailing Address	4221 Walney Rd.		
	Ste. 120		
	Chantilly		51
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE