FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Hexcel Corporation Political Action Committee Two Stamford Plaza, 281 Tresser Bl ADDRESS (number and street) (Check if address is changed) Stamford 06901 CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Michael.MacIntyre@hexcel.com (Check if address is changed) Optional Second E-Mail Address |bbonnevi@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00345173 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. MacIntyre, Michael, , , Type or Print Name of Treasurer MacIntyre, Michael, , , [Electronically Filed] 09 2017 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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	COMMITTEE 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	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 secommittee. (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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write	e or Type Com	nmittee Name	
Не	excel C	orporation Political Action Committee	
6. N	ame of Any C	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Hex	cel Corpo	oration	
Ma	ailing Address	Two Stamford Plaza, 281 Tresser Bl	
		Stamford CT 06901 CITY STATE	ZIP CODE
Re	elationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
	ustodian of Reports and record	ecords: Identify by name, address (phone number optional) and position of the person in postds.	session of committee
_		Wein, Steven, , ,	1
Fu	ıll Name	Two Stamford Plaza, 281 Tresser Bl	
Ma	ailing Address		
		Stamford CT 06901	
Tit	tle or Position	CITY STATE	ZIP CODE
_\	Vice Chairman		969 0666
		he name and address (phone number optional) of the treasurer of the committee; and the nar agent (e.g., assistant treasurer).	me and address of
	ll Name Treasurer	MacIntyre, Michael, , ,	
Ma	ailing Address	Two Stamford Plaza, 281 Tresser Bl	
		Stamford CT 06901	
Titl	le or Position	CITY STATE	ZIP CODE
	reasurer	Telephone number	969 - 0666

Full Name of Designated Agent	Alagoa, Mario, , ,	
Mailing Address	Two Stamford Plaza, 281 Tresser Bl	
	Stamford DC 06910 CITY STATE ZIF	P CODE
Title or Position Asst. Treasurer		9 0666
safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds. Depository, etc.	ccounts, rents
safety deposit box	xes or maintains funds. Depository, etc.	ccounts, rents
safety deposit box Name of Bank, D	xes or maintains funds.	ccounts, rents
safety deposit box	xes or maintains funds. Depository, etc. Webster Bank	ccounts, rents
safety deposit box Name of Bank, D	xes or maintains funds. Depository, etc. Webster Bank	ccounts, rents
safety deposit box Name of Bank, D	wes or maintains funds. Depository, etc. Webster Bank 1959 Summer Street Stamford CT 06905	ccounts, rents
safety deposit box Name of Bank, D	wes or maintains funds. Depository, etc. Webster Bank 1959 Summer Street Stamford CITY STATE ZII	
safety deposit box Name of Bank, D Mailing Address	wes or maintains funds. Depository, etc. Webster Bank 1959 Summer Street Stamford CITY STATE ZII	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	wes or maintains funds. Depository, etc. Webster Bank 1959 Summer Street Stamford CITY STATE ZII	
safety deposit box Name of Bank, D Mailing Address	wes or maintains funds. Depository, etc. Webster Bank 1959 Summer Street Stamford CITY STATE ZII	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	wes or maintains funds. Depository, etc. Webster Bank 1959 Summer Street Stamford CITY STATE ZII	