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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Air Line Pilots Association PAC 1625 Massachusetts Ave. NW ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS governmentaffairs@alpa.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2019 C00035451 FEC IDENTIFICATION NUMBER > 3. X 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. Fox, S., , Robert, Type or Print Name of Treasurer Fox, S., , Robert, [Electronically Filed] 02 20 2019 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

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e 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 Co		(Domogratio
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) x	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 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 Fun	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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4		

FFC Form 1 (Davised 02/2000)	Daga 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Air Line Pilots Association PAC	
	DAC Spansor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sporisor
Air Line Pllots Association	
1625 Massachusetts Ave, NW Mailing Address	
8th Floor	
Washington DC 20036	
CITY STATE ZIP	CODE
CITY STATE ZIF	CODE
Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	sion of committee
Fox, S., , Robert,	1
Full Name1625 Massachusetts Avenue, NW	
Mailing Address	
Washington DC 20036	
Washington	
Title or Position CITY STATE ZIP	CODE
Airline Pilot	, 4033 - 4033
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Fox, S., , Robert,	
of Treasurer	
Mailing Address 1625 Massachusetts Ave. NW	
8th Floor	
Washington DC 20036	
CITY STATE ZIP Title or Position	CODE
Airline Pilot	

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Full Name of Designated Fo	ox, Robert S., , ,	
Mailing Address	1625 Massachusetts Avenue, NW	
	8th Floor	
	Washington DC 20036 CITY STATE	ZIP CODE
Title or Position Airline Pilot		797 4033
Banks or Other Dep	positories: List all banks or other depositories in which the committee deposits funds, hol	ds accounts, rents
safety deposit boxes Name of Bank, Depo		I
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ank of Labor	
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW	
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW Suite L004	ZIP CODE
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW Suite L004 Washington CITY STATE	ZIP CODE
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW Suite L004 Washington CITY STATE	ZIP CODE
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW Suite L004 Washington CITY STATE DC 20006	ZIP CODE
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW Suite L004 Washington CITY STATE DC 20006	ZIP CODE
Name of Bank, Depo	ank of Labor 815 Connecticut Ave, NW Suite L004 Washington CITY STATE DC 20006	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amendment to update Treasurer, Custodian of Records, and Designated Agent.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisir	•		
1		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
UP-PAC			
Mailing Address	Air Line Pilots Association		
-	9550 W Higgins Rd. Suite 1000		
	Rosemont		60018
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee June 2	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
Pesignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional)	STATE A	Ative Leadership PAC Spo
Pesignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Cafety deposit boxes or make the safety deposit boxes or make	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A