Only

STATEMENT OF

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FORM 1		OR	GAN	IZAT	101	V												
									ㅗ				Office	Use O	nly			
NAME OF COMMITTEE (in	n full)		eck if name nanged)		Exampl over the	e:If typ e lines.	ing, ty	pe	1	2FE	E4M	5	_					
United Parce	el Servi	ce Inc. F	PAC											1 1			1 1	
	1 1 1 1	1 1 1 1		1 1 1	1 1	1 1	1 1	1 1	1 1	ı		1 1		1 1	I	1 1	1 1	
		55 Glenlake	Parkway Ni	=														_
ADDRESS (number a	,																	
(Check if address is changed)																		
		Atlanta CITY	<u> </u>						L	GA TATE		30	328	Z	- :IP C	ODE 4	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRE	SS																
X ◀ (Check if is change		PACService	es@ddcpub	olicaffairs.	.com	1 1		1 1	1 1	ı		ı	l l		ı	1 1		I
is change	u)	Optional Sec	cond F-Ma	il Address	s													
COMMITTEE'S WEE	DAGE ADI	DESS (LIDI)																
(Check if		JILOG (UIL)																
is change	d)																	
	M / D		Y Y 24															
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C0006	4766													
4. IS THIS STATE	MENT	NEW (N)	OI	3	×	AME	NDED	(A)										
I certify that I have	examined th	is Statement a	and to the	best of n	ny kno	wledge	and b	elief i	t is tr	ue, c	corre	ct an	d cor	nplet	e.			
Type or Print Name	of Treasurer	Humble, Pa	tti, , ,															
Signature of Treasur	er Humb	ole, Patti, , ,						_	Dat	е	0	6 6	/ D	11	/	202	24	Y
NOTE: Submission of	false, errone	eous, or incomp		-				-					e pen	alties	of 5	2 U.S.0	C. §3	0109.
Office Use					Fed	r further deral Ele I Free 80	ction Co	mmiss		t:						RM 1 /2012)		_

Local 202-694-1100

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5.	TYPE C	OF COMMITTEE:	
	Candid	date 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 Candid		
	Candid Party	date Office State Affiliation Sought: House Senate President District	=
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		ne of didate	
	Party (Committee:	
	(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party	
	Politica	al Action Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ı is a:
		Corporation Corporation w/o Capital Stock Labor 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)	y
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
((h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	Fundraising Representative:	ol.
	(i)	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.	1 1
	(j)	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.	al
	Com	nmittees Participating in Joint Fundraiser	
	1.	C	

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W	rite or Type Committee Na	· · · · · · · · · · · · · · · · · · ·							
	United Parcel	Service Inc. PAC							
6.	Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor						
	United Parcel Ser	vice Inc.	<u></u>						
	Mailing Address	55 Glenlake Parkway NE							
		Atlanta	30328						
		CITY ▲ STATE	ZIP CODE ▲						
	Relationship: X Connec	cted Organization Affiliated Organization Joint Fundraising Repres							
	_								
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.								
		le, Patti, , ,							
	Full Name	EE Clopleto Devisco NE							
	Mailing Address	55 Glenlake Parkway NE							
		Atlanta	30328						
		CITY A STATE	ZIP CODE ▲						
	Title or Position ▼								
	Custodian of Records	Telephone number	404 - 828 - 7465						
	Troscuror List the same	and address (phone number continual) of the traceurer of the accountry	ittee and the name and address of						
8.	any designated agent (e.	e and address (phone number optional) of the treasurer of the comming., assistant treasurer).	nuee, and the name and address of						
		le, Patti, , ,							
	of Treasurer	FF Cloniako Parkusu NE							
	Mailing Address	55 Glenlake Parkway NE							
		Atlanta	30328						
	Title or Position ▼	CITY ▲ STATE	ZIP CODE ▲						
	Treasurer		404 828 7465						

Telephone number

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	Full Name of Designated Agent	Vasell, Angelea, , ,	
	Mailing Address	55 Glenlake Parkway	
		Atlanta GA	30328
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Assistant Treasur		404 - 828 - 6012
•	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits xes or maintains funds.	s funds, holds accounts, rents
	Name of Bank, D	pepository, etc.	
		Bank of America	
	Mailing Address	P.O. Box 830175	
		Dallas TX	75283
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	pepository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

This registration is being amended to update the Committee's email address and Assistant Treasurer.

Form/Schedule: Transaction ID: