Only

PAGE 1 / 4

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. American Commercial Barge Line LLC PAC 1701 East Market Street ADDRESS (number and street) (Check if address is changed) Jeffersonville 47130 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS acblpac@bargeacbl.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00418269 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. Brown, Douglas, , , Type or Print Name of Treasurer Brown, Douglas, , , [Electronically Filed] 01 15 2021 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

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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	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		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) <b>x</b>	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 scommittee. (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.	wo 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.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

	EEC Form 1 /Decine 1	02/2000)	Daga <b>2</b>
\/\/rit	FEC Form 1 (Revised (		Page <b>3</b>
		mercial Barge Line LLC PAC	
		Organization, Affiliated Committee, Joint Fundraising Represent	tativo or Loadarchin DAC Spansor
	-		lative, of Leadership PAC Sportson
Am	erican Commercial	Barge Line LLC	
Ш			
N	Mailing Address	1701 East Market Street	
		Jeffersonville IN	47130
		CITY	TE ZIP CODE
R	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
	Custodian of Records: Ider ooks and records.	ntify by name, address (phone number optional) and position of	the person in possession of committee
_	Brown, Do	ouglas, , ,	
		1701 E. Market Street	
IV	Mailing Address		
		Jeffersonville	, ,47130 , ,
Т	itle or Position	CITY STAT	E ZIP CODE
L	Accountant	Telephone number	812
	reasurer: List the name and ny designated agent (e.g., a	d address (phone number optional) of the treasurer of the comr assistant treasurer).	mittee; and the name and address of
	ull Name Brown, Do	uglas, , ,	ı
	f Treasurer	1701 E. Market Street	
M	failing Address		
		Jeffersonville IN	
	itle or Position Accountant	CITY STAT  Telephone number	E ZIP CODE

FEC Form 1 (Re	evised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Galla	agher, Sean, , ,		
Mailing Address	1701 E Market Street		
		IN 47 ATE	130 
Title or Position Sr Corporate Counsel	Telephone number	812	-   288   -   0599
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		deposits funds,	
safety deposit boxes or Name of Bank, Deposit	maintains funds.	deposits funds,	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	deposits funds,	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.  Morgan Chase Bank, N.A.	deposits funds,	
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Morgan Chase Bank, N.A.  Kentucky Market		826-0180
safety deposit boxes or Name of Bank, Deposit	Morgan Chase Bank, N.A.  Kentucky Market  PO Box 260180  Baton Rouge		
safety deposit boxes or Name of Bank, Deposit	Morgan Chase Bank, N.A.  Kentucky Market  PO Box 260180  Baton Rouge  CITY  S1	LA 70	826-0180
safety deposit boxes or Name of Bank, Deposit  JPN  Mailing Address	Morgan Chase Bank, N.A.  Kentucky Market  PO Box 260180  Baton Rouge  CITY  S1	LA 70	826-0180
safety deposit boxes or Name of Bank, Deposit  JPN  Mailing Address	Morgan Chase Bank, N.A.  Kentucky Market  PO Box 260180  Baton Rouge  CITY  Sittory, etc.	LA 70	826-0180
safety deposit boxes or Name of Bank, Deposit    JPN	Morgan Chase Bank, N.A.  Kentucky Market  PO Box 260180  Baton Rouge  CITY  Sittory, etc.	LA 70	826-0180
safety deposit boxes or Name of Bank, Deposit    JPN	Morgan Chase Bank, N.A.  Kentucky Market  PO Box 260180  Baton Rouge  CITY  Sittory, etc.	LA 70	826-0180