FEC FORM 1	STATEMENT ( ORGANIZATIO		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)		nple:If typing, type the lines.	12FE4M5
			ΓΕΕ 
ADDRESS (number and street)	PO Box 66100 - Fin.Reporting WHQA	J	
(Check if address is changed)	ATTN: Financial Reporting-WHQAJ	· · · · · · · · · · ·	IL     60666       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	acarstenn@yahoo.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
	18 / Y Y Y Y 2015		
3. FEC IDENTIFICATION N	UMBER ► C C0007826	1	
4. IS THIS STATEMENT	NEW (N) OR ×	AMENDED (A)	
I certify that I have examined Type or Print Name of Treasur	this Statement and to the best of my k er NANCY VAN DUYNE	nowledge and belief it is	true, correct and complete.
Signature of Treasurer	NCY VAN DUYNE	[Electronically Filed]	Date 09 / 18 / 2015
NOTE: Submission of false, erro	neous, or incomplete information may sub ANY CHANGE IN INFORMATION SHO		s Statement to the penalties of 2 U.S.C. §437g. HIN 10 DAYS.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	tact: FEC FORM 1 (Revised 06/2012)

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FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE O	F COMMITTEE	
Candic	ate 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. (Complein information below.)	ete the candidate
Name of Candidat		
Candidat Party Aff		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (	Committee:	
(d)		emocratic, publican, etc.) Part
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is
	Corporation Corporation w/o Capital Stock	_abor Organization
		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 segricommittee. (i.e., nonconnected committee)	egated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
C	committees Participating in Joint Fundraiser	
1	. FEC ID number	
2	. FEC ID number	
3	. FEC ID number	
4	. FEC ID number C	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## UNITED AIRLINES POLITICAL ACTION COMMITTEE

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

	TED AIRLINES PC			
Ma	iling Address	PO BOX 66100 - FIN.REPORTING WHQAJ		
				60666 
		CITY	STATE	ZIP CODE
Rel	lationship: 🗙 Connected	Organization Affiliated Committee Joint Fundraising	Representativ	e Leadership PAC Sponsor
Cur	stodian of Pecords: Iden	tify by name, address (phone number optional) and positic	on of the ners	on in possession of committee

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

KAREN K	JHLMAN
Full Name	
Mailing Address	4212 36TH ST.
	A-2
	ARLINGTON         VA         22206           -         -         -         -
Title or Position	CITY STATE ZIP CODE
DIR - Congress Aff	Telephone number     202     521     4344

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

Full Name of Treasurer	
Mailing Address	1225 NEW YORK AVE
	CITY STATE ZIP CODE
Title or Position Treasurer	1     1

Full Name of ST Designated ST Agent			
Mailing Address	1914 NORTH JEFFERSON STREET		
		VA 22205	
	CITY	STATE	ZIP CODE
Title or Position			521   4363

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.

Bank C	)ne		
Mailing Address	One 1st National Plaza		
	Chicago		60666
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G	(Revised 06/2011)	

FEC Form 1G (Revise			
Banks or Other Depositor	ies: List all banks or other depositories in which the	committee deposits funds, h	olds accounts, rents
safety deposit boxes or main	ntains funds.		
Name of Bank, Depository,	etc.		[ ADDITIONAL ]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	Organization, Affiliated Committee, Joint Fundraisin RLINES INC EMPLOYEE FUND FOR		
Mailing Address	1600 SMITH STREET		
	SUITE HQSGV-19th FLOOR		
			7002 
	CITY	STATE 📥	ZIP CODE 📥
•			ZIP CODE 📥
Connected Organization			_
Connected Organization			dership PAC Sponsor
Connected Organization Designated Agent			dership PAC Sponsor
Connected Organization Designated Agent Full Name			dership PAC Sponsor
			dership PAC Sponsor
Connected Organization Designated Agent Full Name Mailing Address	Affiliated Committee Joint Fundraisin	g Representative	dership PAC Sponsor
Connected Organization Designated Agent Full Name Mailing Address	Affiliated Committee Joint Fundraisin	g Representative	dership PAC Sponsor