PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Regional Airline Association Political Action Committee (RAA PAC) 2025 M Street NW ADDRESS (number and street) Suite 800 (Check if address is changed) Washington 20036-3309 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS black@raa.org (Check if address is changed) Optional Second E-Mail Address morgan@raa.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2017 C00648402 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. Malarkey Black, Faye, , , Type or Print Name of Treasurer Malarkey Black, Faye, , , [Electronically Filed] 06 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye Z
Can	ndidate	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
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	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 s committee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Г		-
FEC Form 1 (Revised		Page 3
Write or Type Committee Name	9	
Regional Airline	e Association Political Action Committee (R.	AA PAC)
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Regional Airline Assoc	ciation	
Mailing Address	2025 M Street NW	
	Suite 800	
	Washington DC 20036-330)9
	CITY STATE Z	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
books and records. Malarkey	ntify by name, address (phone number optional) and position of the person in poss Black, Faye, , ,	ession of committee
Full Name	,2025 M Street NW	
Mailing Address		
	Suite 800	
	Washington DC 20036-33(09
Title or Position	CITY STATE Z	IP CODE
President	Telephone number 202 - 3	67 - 1170
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the names assistant treasurer).	ne and address of
Full Name Malarkey Full Name	Black, Faye, , ,	
Mailing Address	2025 M Street NW	
3	Suite 800	
	Washington	09 -
	CITY STATE Z	IP CODE
Title or Position President		67 1170

Telephone number

1201011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Morgan, Staci, , ,	
Mailing Address	2025 M Street NW	
	Suite 800	
	Washington DC 20036-3309	P CODE
Title or Position Operations Mar	nager Telephone number 202 - 367	7 1170
	* Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.	ccounts, rents
Name of Bank,		1
	Depository, etc. The Private Bank 120 S. LaSalle Street	
Name of Bank,	Depository, etc. The Private Bank 120 S. LaSalle Street	
Name of Bank,	Depository, etc. The Private Bank 120 S. LaSalle Street	
Name of Bank,	The Private Bank 120 S. LaSalle Street Chicago IL 60603	P CODE
Name of Bank,	The Private Bank 120 S. LaSalle Street Chicago CITY STATE ZII	P CODE
Name of Bank, Mailing Address	The Private Bank 120 S. LaSalle Street Chicago CITY STATE ZII	P CODE
Name of Bank, Mailing Address	Depository, etc. The Private Bank 120 S. LaSalle Street Chicago Clity STATE ZII Depository, etc.	P CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. The Private Bank 120 S. LaSalle Street Chicago Clity STATE ZII Depository, etc.	P CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. The Private Bank 120 S. LaSalle Street Chicago Clity STATE ZII Depository, etc.	P CODE