Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. CIT GROUP INC PAC (CIT PAC) 1 CIT DRIVE #3251-9 ADDRESS (number and street) (Check if address is changed) LIVINGSTON 07039 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CIT.PAC@cit.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00379420 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. Bridgewater, John, , , Type or Print Name of Treasurer Bridgewater, John, , , [Electronically Filed] 80 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

Local 202-694-1100

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF COM		
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.	
	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee:  (National, State	(Democratic,
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party
Political Acti	on Committee (PAC):	
(e) <b>x</b> T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
[	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (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 Fundrai	sing Representative:	
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3		
4.		

FEC <b>Form 1</b> (Revised 02)	(2009)	Page <b>3</b>
Write or Type Committee Name		-
CIT GROUP INC	PAC (CIT PAC)	
	panization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
CIT Group Inc.		
	<u></u>	
1	CIT Drive #3279-1	
Mailing Address		
L	Livingston NJ 070	
Ľ	Livingston NJ 070	
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected C	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify books and records.	y by name, address (phone number optional) and position of the person i	in possession of committee
Seufert, Lind	a, , ,	I
	1 CIT Drive	
Mailing Address L		
L	Livingston NJ 1076	039
L		
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 973	
3. <b>Treasurer:</b> List the name and a any designated agent (e.g., ass	address (phone number optional) of the treasurer of the committee; and the distant treasurer).	ne name and address of
Full Name Bridgewater, of Treasurer	John, , ,	
Mailing Address	CIT Drive	
L		
L	Livingston NJ 070	)39
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 973	

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Full Name of Designated Agent	Carlson, Mark, , ,				
Mailing Address	1 CIT Drive				
	Livingston NJ 07039 CITY STATE Z	ZIP CODE			
Title or Position Assistant Treasu	urer	535 3785			
. 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.					
	JP Morgan Chase				
Mailing Address	1 Chase Manhattan Plaza				
	New York NY 10005				
	CITY STATE 2	ZIP CODE			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY STATE 2				