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) over the lines. is changed) UNITED PILOTS PAC/United Airlines Master Executive Council 9550 W. Higgins Rd. ADDRESS (number and street) Suite 1000 (Check if address is changed) **ROSEMONT** 60018 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS andrew.minarcik@alpa.org (Check if address is changed) Optional Second E-Mail Address mdb@politechnic.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.alpa.org/ual (Check if address is changed) DATE 02 07 2022 C00251009 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. Minarcik, Andrew, , Capt., Type or Print Name of Treasurer Minarcik, Andrew, , Capt., [Electronically Filed] Date 31 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

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TYPE OF COMMITTEE:	
Candidate 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. (Comple information below.)	te the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republ	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a:
Corporation Corporation w/o Capital Stock	oor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(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 (Hybr	id PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for transcription committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for transcription committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1C	
C	

Title or Position ▼

Treasurer

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V	Vrite or Type Commit		
		PILOTS PAC/United Airlines Master Executive Co	
6.	=	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders s Master Executive Council (UALMEC)	hip PAC Sponsor
	Mailing Address	9550 W. Higgins Ave	
		Suite 1000	
		Rosemont IL 60018	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in possessi	ion of committee
	r	Minarcik, Andrew, , Capt.,	
	Full Name		
	Mailing Address	9550 W. Higgins Ave	
		#1000	
		Rosemont IL 60018	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		292 - 1700
8.		name and address (phone number optional) of the treasurer of the committee; and the naent (e.g., assistant treasurer).	ame and address of
	Full Name	Minarcik, Andrew, , Capt.,	
	of Treasurer		
	Mailing Address	9550 W. Higgins Ave	
		#1000	
		Rosemont IL 60018	
		CITY ▲ STATE ▲	ZIP CODE ▲

292

Telephone number

1700

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FEC Form	1 (Revised 02/2009)			Page 4
Full Name of Designated Agent		1 1 1 1 1 1 1 1 1 1 1		
Mailing Address				
	CIT	Y A	STATE ▲	ZIP CODE ▲
Title or Position	▼			
		Telephone nun	nber	
	Depositories: List all banks or other deposes or maintains funds.	positories in which the committee	ee deposits funds, hold	s accounts, rents
No. of Book	2			
Name of Bank,				
	Fifth Third Bank			
Mailing Address	6111 N River Rd			
	1			
	Rosemont		IL 60018	
	CIT	Y A	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.			
	I			1
Mailing Address				
	CIT	Y A	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ig i ai tioipailti		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Air Line Pilots As	I Organization, Affiliated Committee, Joint Fun Sociation PAC	draising Representativ	e, or Leadership PAC Spons
Mailing Address	7950 Jones Branch Dr.		
J	Suite 400S		
	McLean	VA	22102
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Jofy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the property of the position of the property of the position of the property of the propert	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A