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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. AMERICAN AIR LIQUIDE HOLDINGS INC PAC 9811 Katy Freeway ADDRESS (number and street) Suite 100 (Check if address is changed) HOUSTON 77024 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tamara.saront-eisner@airliquide.com (Check if address is changed) Optional Second E-Mail Address karen.cantos@airliquide.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00314054 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. Saront-Eisner, Tamara, , , Type or Print Name of Treasurer Saront-Eisner, Tamara,,, [Electronically Filed] 05 06 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(D
(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 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.)	
Join	t Fund	Iraising 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee	Name	
AMERICAN	AIR LIQUIDE HOLDINGS INC PAC	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
American Air Liqu	ide Holdings Inc	
Mailing Address	9811 Katy Freeway	
	Houston	77024
	CITY STATE	ZIP CODE
		_
Relationship: x Con	nnected Organization Affiliated Committee Joint Fundraising Representa	Leadership PAC Sponsor
books and records. Sare Full Name	ont-Eisner, Tamara, , ,	
Mailing Address	9811 Katy Freeway	
-	Suite 100	
	Houston TX	77024
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	713 - 624 - 8366
	me and address (phone number optional) of the treasurer of the committee; (e.g., assistant treasurer).	and the name and address of
Full Name Sard	ont-Eisner, Tamara, , ,	
Mailing Address	9811 Katy Freeway	
	Suite 100	
	Houston	[⁷⁷ 024
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
	oxes or maintains funds.	
Name of Bank, I		
	Depository, etc. Citibank NA One Penns Way	
Name of Bank, I	Depository, etc. Citibank NA One Penns Way	
Name of Bank, I	Depository, etc. Citibank NA One Penns Way	
Name of Bank, I	Depository, etc. Citibank NA One Penns Way	ZIP CODE
Name of Bank, I	Citibank NA One Penns Way New Castle CITY STATE	ZIP CODE
Name of Bank, I	Citibank NA One Penns Way New Castle CITY STATE	
Name of Bank, I	Depository, etc. Citibank NA One Penns Way New Castle CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Citibank NA One Penns Way New Castle CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Citibank NA One Penns Way New Castle CITY STATE Depository, etc.	