FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
	Altadis, Inc. Emp		
ADDRESS (number and street)	Suite 1100		
 (Check if address is changed) 			
	Fort Lauderdale		FL 33309 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	Sheila.Cunningham@itg	-	
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE AI	DDRESS (URL)		
	24 / Y Y Y Y 2015		
3. FEC IDENTIFICATION N	IUMBER ► C CO	0455600	
4. IS THIS STATEMENT	NEW (N) OR	X 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.
Type or Print Name of Treasur	er Rob Wilkey		
Signature of Treasurer	Wilkey	[Electronically Filed]	Date 09 24 2015
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMATIC		his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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F	FEC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
Can	didate	e 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. (Complete the candidate information below.)
Name Cand		L
Cand Party	lidate Affiliati	on Office Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	ty Con	nmittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par
Poli	tical A	ction Committee (PAC):
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		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 segregated fund or par committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Func	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Commonwealth-Altadis, Inc. Employee PAC

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

C	commonwealth - Altad	is, Inc.													[
L																	
	Mailing Address	5900 N. Andrews Avenue															
		Ft. Lauderdale						FL		33	309]-[
		CITY						STAT	Ē			Z	IP C	CODE	Ε		
	Relationship: X Connected	Organization Affiliated Com	nmittee		Joint	Fundra	aising	Repre	sentat	ive	L	.ead	ersh	iip P <i>i</i>	AC S	Spon	sor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone r	number	0	otional	l) and	positio	on of t	he pe	rson	in p	osse	essic	on of	f cor	nmitt	ee
	Sheila A C	unningham	1 1		1 1		1 1	1 1	1 1	I	1 1	I	I		I	1 1	
	Mailing Address	714 Green Valley Road										İ					
		Greensboro						NC		27	7408]-[
	Title or Position	CITY						STATE	Ξ			ZI	PC	ODE	Ξ		
	Asst. Treasurer				Tele	ephon	e num	ber	3:	36] – [33	35]-[7	479	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number op ssistant treasurer).	tional)	of th	e trea	surer	of the	comm	ittee;	and	the r	name	e an	id ac	dres	ss of	
	Full Name Rob Wilkey of Treasurer																

Full Name	Rob Wilkey
of Treasurer	
Mailing Address	5900 N Andrews Ave
	Suite 1100
	Fort Lauderdale FL 33309 –
	CITY STATE ZIP CODE
Title or Position	1 1 1 1 1 1 1 9000 1 1 1 1 1 1 1 1 1

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Sheila A Cunningham
Mailing Address	714 Green Valley Road
	Greensboro
	CITY STATE ZIP CODE
Title or Position	Telephone number

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.

Wells	Fargo Bank		
Mailing Address	6400 N Andrews Avenue		
	Suite 100		
	Fort Lauderdale	FL 33309)
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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Banks or Other Depositorie safety deposit boxes or main			
Name of Bank, Depository, e			[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
-	rganization, Affiliated Committee, Joint Fundrai .A. INC. POLITICAL ACTION COI		
	714 GREEN VALLEY ROAD		
Mailing Address			
Mailing Address			
Mailing Address			27408 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-			L I I I I I I I I I I 27408 L I I I I I I I I I I I ZIP CODE ▲
Mailing Address ationship: Connected Organization			
ationship: Connected Organization			
ationship:			I I I I ZIP CODE (A) dership PAC Sponsor
ationship: Connected Organization Designated Agent			IIII – III ZIP CODE (A dership PAC Sponsor
ationship: Connected Organization Designated Agent Full Name			I I I I ZIP CODE (A) dership PAC Sponsor
ationship: Connected Organization Designated Agent Full Name			I I I I ZIP CODE (A) dership PAC Sponsor

[ADDITIONAL] Joint Fundraiser Participant С FEC ID number ι