FEC FORM 1		STATEI ORGAN		-	-				Offi	ce Use C		GE 1 / 4
1. NAME OF COMMITTEE (ir	n full)	(Check if nat is changed)			le:If typing e lines.	g, type	12	FE4M	15			
					SOCI			C (I	LTA-	PAC)	
ADDRESS (number a	nd street)	655 15th Street, NW										
× ◀ (Check if a is changed		Suite 230										
	-,	Washington └────────────────────────────────────					LD ST/	C ⊥ ATE ▲	2000			
COMMITTEE'S E-MA	AIL ADDRES	S										
X < (Check if a is changed		jcruz@ilta.org										
	,	Optional Second E-N federalcompliance@no						1 1 1				
COMMITTEE'S WEB	address	RESS (URL)										
2. DATE 09	M / D 06	0 / Y Y Y Y 2024										
3. FEC IDENTIFIC	CATION NU	MBER ►	C C0048	9070								
4. IS THIS STATEM		NEW (N)	OR	×	AMEND	DED (A)						
I certify that I have e	examined this	s Statement and to th	e best of n	ny kno	wledge ar	nd belief	it is tru	e, corre	ct and	complet	e.	
Type or Print Name	of Treasurer	Cruz, Jonathan, , ,										
Signature of Treasure	er Cruz,	Jonathan, , ,					Date	M ()9	06	/ Y	y y y 2024
NOTE: Submission of	false, erroned	ous, or incomplete infor ANY CHANGE IN INF	-				-			enalties	of 52 l	J.S.C. §30109
Office Use Only				Fe To	or further in deral Electio Il Free 800- cal 202-694	on Commis 424-9530				FEC F (Revise	-	-

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5.	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. (Complete the information below.)	he candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State (Democrati	ic,
	(d) This committee is a or subordinate) committee of the Republican	n, etc.) Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor C	Organization
	Membership Organization X Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 (Hybrid P	AC).

Joint Fundraising Representative:

(i) 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.
(j) 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.
Committees Participating in Joint Fundraiser
2.

In addition, this committee is a Lobbyist/Registrant PAC.

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٧	Write or Type Committee Name											
	INTERNATIONAL LIQUID TERMINALS ASSOCIATION PAC (ILTA-PAC)											
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor									
	International Liquid T	erminals Association										
	Mailing Address	655 15th Street, Suite 230										
		Washington DC 20005										

		CITY A	S		ZIP CODE
Relationship:	X Connected Organization	Affiliated Organization	Joint Fundraising F	Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Privette, Ja	ames, , ,	
Full Name		
Mailing Address	655 15th Street, N.W., Suite 230	
	Washington	C 20005
	CITY 🔺 STA	TE▲ ZIP CODE ▲
Title or Position ▼		
Custodian of Records	Telephone number	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Cruz, Jonathan, , ,
Mailing Address	655 15th Street, NW Suite 230
	Washington DC 20005
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number 703 875 2011

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Full Name of Designated Agent	None, , , ,											I	 				1											1	
Mailing Address																													
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Title or Position	7																												
													Tele	eph	one	e n	umt	ber				- [_							

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.

l	Wells Fargo		
Mailing Address	1101 North Stafford Street		
	Arlington	VA 22201	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, De	epository, etc.		
Ĺ			
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲