## NONE COMPANY COMPONENTS

FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

| FORM 1  | ORGANIZATION   | 2025 HAR 24 AM 9: 46 Office Use Only |
|---|--|--------------------------------------|
| NAME OF     COMMITTEE (in fi                  | (Check if name Example: If typing, type over the lines.  | 12FE4M5                              |
| [A.S.S.O.C.I.a.+                              | iloln lof Marrylland & Pillotts  | 1F1e121e101N1 1 P1A1C1 1             |
|   |  |                                      |
| ADDRESS (number and                           | street) 3,7,2,0, bi,1,1,0,n, Stire,e,t   |                                      |
| ☐ ◀ (Check if add is changed)                 | dress  |                                      |
|   | B, ~, 1, +, i, m, o, r, e, , , , , , , , , , , , , , , , ,   | STATE A ZIP CODE A                   |
| COMMITTEE'S E-MAIL                            | ADDRESS  | ·                                    |
| ☐ ◀ (Check if add is changed)                 | dress  |                                      |
| 5 /   | Optional Second E-Mail Address   |                                      |
|   |  |                                      |
| COMMITTEE'S WEB P.  (Check if add is changed) |  |                                      |
| 2. DATE <b>3</b>                              | (0,7) (2,02,5)   |                                      |
| 3. FEC IDENTIFICA                             | TION NUMBER > COO389601  |                                      |
| 4. IS THIS STATEME                            | NT NEW (N) OR AMENDED (A)  |                                      |
| I certify that I have exa                     | mined this Statement and to the best of my knowledge and belief it   | is true, correct and complete.       |
| Type or Print Name of                         | Treasurer Michael Calle  | **                                   |
| Signature of Treasurer                        | Musin Linear   | Date 03 / 07 / ZozŚ                  |
| NOTE: Submission of fall                      | se, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED | •                                    |
| Office<br>Use<br>Only                         | For further information of Federal Election Commission Toll Free 800-424-9530  |                                      |

| FEC Form 1 (Revised 03/2022)                                |  | Page 2                                  |
|---|--|---|
| 5. TYPE OF COMMITTEE:                                       |  |   |
| Candidate Committee:  |  |   |
| (a) This committee is a principal campa                     | ign committee. (Complete the candidate information b   | pelow.)                                 |
| (b) This committee is an authorized con information below.) | nmittee, and is NOT a principal campaign committee.  | (Complete the candidate                 |
| Name of<br>Candidate  |  |   |
| Candidate Office Party Affiliation Sou                      |  | esident District                        |
| (c) This committee supports/opposes or                      | nly one candidate, and is NOT an authorized committ  |   |
| Name of Candidate   |  | 1 |
| Party Committee:  (d) This committee is a                   | (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party |
| Political Action Committee (PAC):                           |  |   |
| (e) This committee is a separate segreg                     | gated fund. (Identify connected organization on line 6.  | ) Its connected 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.  | _                                       |
|   | ore than one Federal candidate, and is NOT a separ   | rate segregated fund or party           |
| In addition, this committee                                 | e is a Lobbyist/Registrant PAC.  |   |
| In addition, this committee                                 | e is a Leadership PAC. (Identify sponsor on line 6.)   |   |
| _   | expenditure-only political committee (Super PAC).  |   |
|   | e is a Lobbyist/Registrant PAC.  |   |
|   | tee with both contribution and non-contribution accou  | nto (Hubrid BAC)                        |
|   | e is a Lobbyist/Registrant PAC.  | nis (nyonu rao).                        |
| Joint Fundraising Representative:                           |  |   |
| (1) • •   | s, pays fundraising expenses and disburses net proce<br>ne of which is an authorized committee of a federal of | ·                                       |
| (1) • •   | s, pays fundraising expenses and disburses net proceunistic is an authorized committee of a federal candidate. |   |
| Committees Participating in Joint Fundra                    | iser   |   |
| 1   | <u> </u>   |   |
| 2.  | C  |   |

| ı  | FEC Form 1 (Revised                                    | 03/2022)  |   | Page <b>3</b>                                |
|----|--|---|---|--|
| ٧  | Vrite or Type Committee Name                           | е   |   |  |
| 6. | Name of Any Connected (                                | Organization, Affiliated Committee, Joint                   | Fundraising Representati                          | ve, or Leadership PAC Sponsor                |
|    |  |   |   |  |
|    |  |   | <del>                                      </del> |  |
|    | Mailing Address  |   | 1   |  |
|    |  |   | 1,          |  |
|    |  |   |   | ] [  |
|    |  | CITY ▲  | STATE   | ▲ ZIP CODE ▲                                 |
|    | Relationship: Connected                                | d Organization Affiliated Organization                      | Joint Fundraising Repres                          | entative Leadership PAC Sponso               |
|    | ·  |   |   |  |
| 7. | Custodian of Records: Ider books and records.          | ntify by name, address (phone number opt                    | tional) and position of the pe                    | rson in possession of committee              |
|    | Full Name  |   |   |  |
|    | Mailing Address  |   |   |  |
|    |  |   |   |  |
|    |  |   |   | <b>                                     </b> |
|    |  | CITY A  | STATE   | ▲ ZIP CODE ▲                                 |
|    | Title or Position ▼                                    |   |   |  |
|    |  |   | Telephone number                                  |  |
| 3. | Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of assistant treasurer). | the treasurer of the commit                       | tee; and the name and address of             |
|    | Full Name of Treasurer                                 | h, a, e, l, , 6, a, b, l, e, , , ,                          | <del>                                     </del>  |  |
|    | Mailing Address  | [3,7,5,0,  0,1,1,1,0,0,  5]                                 | +           |  |
|    |  |   |   |  |
|    |  | [B a  1 t i  m o r 6  | <u>a M</u>  | [2,1,2,2,4]-[,,,                             |
|    |  | CITY ▲  | STATE   | ▲ ZIP CODE ▲                                 |
|    | Title or Position ▼                                    |   |   |  |
|    | RIMISI I NI ELZIZI                                     | Manager   | Telephone number                                  | 14,1,0]-[2,7,6]-[1,3,3,7                     |

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|---------------|--|--|----------------------|
| D             | ull Name of<br>lesignated<br>gent LILL                 |  |                      |
| М             | failing Address  | <u> </u>   |                      |
|               |  | CITY A STATE A   | ZIP CODE ▲           |
| L             | itle or Position ▼                                     |  |                      |
| 9. <b>B</b> a | anks or Other Depositori<br>afety deposit boxes or mai | es: List all banks or other depositories in which the committee deposits funds, hatains funds. | olds accounts, rents |
| . Na          | ame of Bank, Depository,                               | etc.   |                      |
| M             | lailing Address  | CITY ▲ STATE ▲   | ZIP CODE A           |
| Na            | ame of Bank, Depository,                               | etc.   |                      |
| М             | lailing Address  |  |                      |
|               |  | CITY ▲ STATE ▲   | ZIP CODE ▲           |

| FEC | Form | 18 | (Revised | 03/2022) |
|-----|------|----|----------|----------|

## Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

| Page | of |  |
|------|----|--|

| 5(i) o | r(j). Joint Fundraising                               | Participant:  |                         |
|--------|---|---|-------------------------|
|        | 1.  | FEC ID number C   |                         |
|        | 4.  | FEC ID number C   |                         |
| 6.     | Name of Any Connected (                               | Organization, Affiliated Committee, Joint Fundraising Representative, or Le                   | adership PAC Sponsor    |
|        |   |   |                         |
|        |   |   |                         |
|        | Mailing Address                                       |   |                         |
|        | Relationship:   | CITY ▲ STATE ▲  | ZIP CODE A              |
|        |   | Organization Affiliated Committee Joint Fundraising Representative                            | Leadership PAC Sponsor  |
| 8.     | Designated Agent: Identify                            | by name, address (phone number - optional)  |                         |
|        | Full Name   |   |                         |
|        | Mailing Address                                       |   |                         |
|        |   |   |                         |
|        | TITLE OR POSITION                                     | CITY ▲ STATE ▲  | ZIP CODE ▲              |
|        |   | Telephone Number  |                         |
| 9.     | Banks or Other Depositor safety deposit boxes or main | ies: List all banks or other depositories in which the committee deposits funds ntains funds. | , holds accounts, rents |
|        | Name of Bank, Depository, etc.                        |   |                         |
|        | Mailing Address                                       |   |                         |
|        |   |   |                         |
|        |   | CITY ▲ STATE ▲  | ZIP CODE A              |

## RECEIVED FEC MAILCENTER

2025 MAR 24 AM 9: 46



Baltimore, Maryland 21224 3720 Dillon Street ASSOCIATION OF MARYLAND PILOTS

Federal Workington, DC 20463 First Street, N.E. Election Commission



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| Postmark Illegible  |   |  |  |  |
| No Postmark   |   |  |  |  |
| Overnight Delivery Service (Specify):   | Shipping Date Date of Receipt  Next Business Day Delivery |  |  |  |
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| Received via Email  | Date of Receipt   |  |  |  |
| Received from Electronic Filing Office  | Date of Receipt<br>e                                      |  |  |  |
| Other (Specify):  | Date of Receipt or Postmarked                             |  |  |  |
| Sem   | 3/24/25   |  |  |  |
| PREPARER (4/2023)   | DATE PREPARED   |  |  |  |