Image# 202107149451070769				07/14/2021 16 : 06
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4
1. NAME OF	(Check if name	Example: If typing, type	10000406	
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
AMERICAN SHORT LINI	E AND REGIONAL RAILRO	AD ASSOCIATION - POL	ITICAL ACTION	N CMTE (ASLRRA-PAC)
ADDRESS (number and street)	50 F Street NW			
(Check if address	Suite 500			
is changed)	, WASHINGTON			20001
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address	tlynch@aslrra.org			
is changed)	Optional Second E-Mail Add	droce		
	zradford@aslrra.org			
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 06 /	17 Y Y Y Y 2014			
3. FEC IDENTIFICATION	NUMBER ► C co	00298190		
4. 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 a	nd complete.
Type or Print Name of Treasu	Irer Baker, Chuck, , Mr.,			
Signature of Treasurer	ker, Chuck, , Mr.,	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 14 2021
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATIO			he penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	rm 1 (Revised 02/2000)	
	rm 1 (Revised 02/2009)	Page 2
	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. (Compinformation below.)	plete the candidate
Name of Candidate	· 	
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization	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 se committee. (i.e., nonconnected committee)	gregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Con	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

AMERICAN SHORT LINE AND REGIONAL RAILROAD ASSOCIATION - POLITICAL ACTION CMTE (ASLRRA-PAC)

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

American Short Line a	nd Regional Railroad Assoc	iation					
Mailing Address	50 F Street NW						
	Suite 7020						
	Washington		DC 2000)1 			
	CITY		STATE	ZIP CODE			
Relationship: x Connected	l Organization	Joint Fundraising	Representative	Leadership PAC Sponsor			
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee							

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

Lynch, Th	omas, , Mr.,																				
Full Name																					
Mailing Address	50 F St., NW																				
	Suite 500																				
	Washington										DC			2	000)3					
Title or Position			CITY	/						S	STATE	Ξ					ZI	ΡC	ЭE		
Assistant Treasurer						٦	ſelep	hone	e nu	ımb	er	L	20	2]-		62	8		45	00

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	Baker, Chuck, , Mr.,
Mailing Address	50 F Street, N.W., Suite 500
	Washington DC 20001
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I			I		I									
Mailing Address																																
			1																											1		
																											1					
								C	CIT	Y										STA	λΤΕ					ZII	PC	COE	DE			
Title or Position																																
															Tele	eph	one	e ni	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.

Suntru	st Bank		
Mailing Address	PO Box 305183		
	Nashville		7230
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE