Only

## STATEMENT OF ORGANIZATION

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FORM 1		One	7AINIZ <i>F</i>	<b>4110</b>	IN									
1. NAME OF		(Ob )			lailf trucina		Ļ	-		ffice Us	e Only			_
<ol> <li>NAME OF COMMITTEE (ir</li> </ol>	n full)	is char	if name nged)		ole:If typing ne lines.	, туре	121	FE4M	[5					
ATLAS AIR	WORL	OWIDE H	OLDING	S. IN	C. POL	.ITICA	L AC	CTIC	ON (	COI	ΜМІ	TTE	Ε	
ADDRESS (number a	nd street)	1 North Lexingt	on Avenue											
X ◀ (Check if a is changed														
is changed	1)	White Plains				1	NY	1	10	601-17	06	_  _		_
		CITY ▲					STAT	E 🛦			ZIP	CODE	<b>A</b>	
COMMITTEE'S E-MA	AIL ADDRES	SS												
(Check if a		outsourcing@	aristotle.com											1
is changed	d)													_
		Optional Secon		ress					1 1					
														_
COMMITTEE'S WEB	PAGE ADD	DESS (LIDI.)												
(Check if a	address	I												ı
is changed	d)													
2. DATE 03		2024	Y											
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	0478099										
4. IS THIS STATEN	MENT	NEW (N)	OR	×	AMEND	ED (A)								
I certify that I have e	examined thi	s Statement and	d to the best	of my kno	owledge and	d belief it	is true	corre	ct and	d com	olete.			
Type or Print Name	of Treasurer	Crupi, Julia, , ,												
Signature of Treasure	er Crupi.	Julia, , ,					Date	M	М .	2	D /		024	Υ
- J		.,,												_
NOTE: Submission of	false, errone	ous, or incomplet		-						penal	ties of	52 U.S	.C. §30	)109.
Office				Fo	or further inf	ormation co	ntact:			FF	. FO	RM	1	_
Use					ederal Election		n					6/2012)		ı

Toll Free 800-424-9530

Local 202-694-1100

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. 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. (Compinformation below.)	plete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: House Senate President	State t District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(d) This committee is a	nocratic, ublican, etc.) Party				
Political Action Committee (PAC):					
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:				
Corporation Corporation w/o Capital Stock	abor 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 seg committee. (i.e., nonconnected committee)	gregated 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 PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political				
Committees Participating in Joint Fundraiser					
1					

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Write or Type Committee Name	

_	ATLAS AIR WOR	RLDWIDE HOLDINGS, IN	C. POLITICAL ACTI	ON COMMITTEE			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Atlas Air Worldwide Holdings, Inc.						
	Mailing Address	1 N Lexington Ave					
		White Plains	, NY	10601-1712			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Relationship: X Connected	d Organization Affiliated Organization	Joint Fundraising Representat				
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number op	tional) and position of the person	in possession of committee			
	Crupi, Juli Full Name	ia, , ,					
	Mailing Address	1 North Lexington Avenue					
		White Plains	NY	10601-1706			
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
	Custodian of Records		Telephone number 9	14 - 701 - 8547			
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	the treasurer of the committee;	and the name and address of			
	Full Name Crupi, Juli of Treasurer	ia, , ,	1				
	Mailing Address	1 North Lexington Avenue					
		White Plains	NY	10601-1706			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Title or Position ▼						
	Treasurer		Telephone number 9	14			

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Full Name of Designated Louth, Ir Agent	ene, C, ,		
Mailing Address	1 North Lexington Avenue		
	White Plains	NY	10601-1706
Till on Burillon	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼  Assistant Treasurer		Telephone number 9	14 - 701 - 6468
. Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	which the committee deposits for	unds, holds accounts, rents
Name of Bank, Depository,	etc.		
JP Mod	rgan Chase		
Mailing Address	106 Corporate Park Drive		
	2nd Floor		
	White Plains	NY	10604-3379
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		•
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

Amended to change address for PAC, connected organization, and officers.

Form/Schedule: Transaction ID: