PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rockwell Collins Inc. Employee PAC 1300 Wilson Blvd. #200 ADDRESS (number and street) (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim.peterson@rockwellcollins.com (Check if address is changed) Optional Second E-Mail Address |fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00365684 FEC IDENTIFICATION NUMBER > 3. X 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 and complete. Peterson, Timothy A., , , Type or Print Name of Treasurer Peterson, Timothy A., , , [Electronically Filed] 28 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2					
		OMMITTEE						
Candidate Committee:								
(a)	ш	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 candida information below.)							
	ne of didate							
	didate y Affiliatio	Office Sought: House Senate President	State					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District					
	ne of didate							
Par	rty Con	nmittee:						
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.					
Pol	itical A	ction Committee (PAC):						
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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.						
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)						
Joir	nt Fund	raising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
	Com	mittees Participating in Joint Fundraiser						
	1.	FEC ID number						
	2.	FEC ID number						
	3.	FEC ID number						
	4.							

l	EEO Farma 4 (Davis and G	2/2000			Davis 2			
	r Type Committee Name				Page 3			
Write or Type Committee Name Declared Collins Inc. Employees DAC								
Rockwell Collins Inc. Employee PAC								
6. Nan	ne of Any Connected O	rganization, Affiliated Committee,	Joint Fundraising Repr	esentative, or	Leadership PAC Sponsor			
Rock	well Collins Inc.							
Maili	ng Address	400 Collins Road NE						
		Cedar Rapids		IA :	52498			
		CITY		STATE	ZIP CODE			
Rela	tionship: X Connected	Organization Affiliated Committee	e Joint Fundraising	Representative	Leadership PAC Sponsor			
	codian of Records: Iden s and records.	tify by name, address (phone numbe	er optional) and position	on of the perso	on in possession of committee			
- "		Fimothy A., , ,						
	Name	1300 Wilson Blvd. #200						
Maili	ng Address							
		Adianta		\/A	22209			
		Arlington		VA L				
Title	or Position	CITY		STATE	ZIP CODE			
Cu	stodian of Records		Telephone num	703 lber	516 8228			
	surer: List the name and designated agent (e.g., a	l address (phone number optional ssistant treasurer).) of the treasurer of the	committee; and	d the name and address of			
	Name Peterson, T	imothy A., , ,						
	ng Address	1300 Wilson Blvd. #200						
		<u>.</u>						
		Arlington	1	VA	22209			
		CITY		STATE	ZIP CODE			
	or Position asurer		Telephone num	503 ber	_ 516 _ 8228			
4								

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other De safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	Vachovia Bank 1300 Wilson Boulevard	ZIP CODE
safety deposit boxes Name of Bank, Depo	Vachovia Bank 1300 Wilson Boulevard Arlington CITY STATE	ZIP CODE
safety deposit boxes Name of Bank, Depo	Vachovia Bank 1300 Wilson Boulevard Arlington CITY STATE	ZIP CODE
safety deposit boxes Name of Bank, Depo	Vachovia Bank 1300 Wilson Boulevard Arlington CITY STATE pository, etc.	ZIP CODE
Name of Bank, Deport Name of Bank, Deport Name of Bank, Deport Name of Bank, Deport	Vachovia Bank 1300 Wilson Boulevard Arlington CITY STATE pository, etc.	ZIP CODE
Name of Bank, Deport	Vachovia Bank 1300 Wilson Boulevard Arlington CITY STATE pository, etc.	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This Amendment is filed to add an affiliated PAC and update the PAC email addresses.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(g) or	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. N	=	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	Mailing Address	1101 Pennsylvania Ave. NW		
		Washington	ı DC ı	20004
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	
8. D	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
s	Banks or Other Depositoring the safety deposit boxes or main same of Bank, Depository, etc.	es: List all banks or other depositories in which the ntains funds.	ne committee deposit	s funds, holds accounts, rents
L				
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲