FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1			IIGAII		-14								
4 NAME OF			(Ob 1 . "					_		e Use O	nly		
 NAME OF COMMITTEE (in 	full)		(Check if names s changed)		mple:If typin r the lines.	g, type	12F	E4M5					
ALUMINUM	ASSO	CIATIO	ON POLI	TICAL	ACTION		MITT	EE '	ALL	JMIN	IUM	PAC	2'
ADDRESS (number a	nd street)	1400 Cry	stal Drive										
(Check if a is changed		Suite 43	0			1 1 1 1	1 1	1 1	1 1	1 1 1	1 1	1 1	, I
is changed	1)	Arlingtor	n ITY 🛦				VA STAT	_ E A	22202		- [IP CO	DE A	
COMMITTEE'S E-MA	AIL ADDRES	SS											
X ◀ (Check if a is changed		outsour	cing@aristotle	.com									Ш
	-,		Second E-Ma @aluminum.org										-
			<u> </u>										
COMMITTEE'S WEB (Check if a is changed	address	DRESS (U	RL)										
2. DATE 03	M / D 19		2024										
3. FEC IDENTIFIC	CATION NU	JMBER	C	C0057060	06								
4. IS THIS STATEN	MENT	NEW	(N) O	R >	AMENI	DED (A)							
I certify that I have e	examined th	is Stateme	ent and to the	best of my	knowledge a	nd belief it	is true,	correct	and o	omplet	э.		
Type or Print Name o	of Treasurer	Sullivan	, Elizabeth , , ,										
Signature of Treasure	er Sulliv	an, Elizabe	th , , ,				Date	03		20	/ Y	2024	Y
NOTE: Submission of	false, errone		omplete inform	-						enalties	of 52	U.S.C. §	30109.
Office Use Only					For further in	nformation co on Commissio 424-9530	ontact:		F	EC F (Revise			_ _

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TYPE O	F COMMITTEE:	
Candid	ate 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 information below.)	the candidate
Name Candid		
Candic Party A	date Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand	e of lidate	
Party C	Committee: This committee is a (National, State (Democr or subordinate) committee of the Republic	atic, an, etc.) Party
(e) X	Membership Organization X Trade Association Coop X In addition, this committee is a Lobbyist/Registrant PAC.	r Organization erative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregic committee. (i.e., nonconnected committee) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	ated fund or party
(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 In addition, this committee is a Lobbyist/Registrant PAC.	PAC).
Joint F	undraising Representative:	
(i)	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
(j)	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
Comi	mittees Participating in Joint Fundraiser	
1.	C	

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r Type Committee Name	

_		·							
V	Vrite or Type Commi	ttee Name 1 ASSOCIATION POLITICAL ACTION CO	MMITTEE 'A	ALUMINUM PAC'					
6.		lame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	THE ALUMINUM ASSOCIATION								
	Mailing Address	1400 Crystal Dr							
		Ste 430							
		Arlington	VA VA	22202-4153					
		CITY ▲	STATE ▲	ZIP CODE ▲					
 7.		Connected Organization Affiliated Organization Joint Fundra prds: Identify by name, address (phone number optional) and posit	aising Representativ						
	books and records			,					
	Full Name	Phillips, Justin, ,							
	Mailing Address	205 Pennsylvania Ave SE							
		Washington	DC	20003-1164					
		CITY ▲	STATE ▲	ZIP CODE ▲					
	Title or Position ▼								
	Custodian of Reco	rds 	number 202	2 - 543 - 8345					
8.		e name and address (phone number optional) of the treasurer o ent (e.g., assistant treasurer).	f the committee; as	nd the name and address of					
	Full Name	Sullivan, Elizabeth, , ,		,					
	of Treasurer	1100 October 100							
	Mailing Address	1400 Crystal Dr							
		Ste 430							
		Arlington	Ŭ VA □	22202-4153					
		CITY ▲	STATE ▲	ZIP CODE ▲					
	Title or Position ▼			207					

Telephone number

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Full Name of Designated Agent	Cassidy, Jennifer, , ,	
Mailing Address	9429 Delancey Dr	
	Ste 430	
	Vienna	VA 22182-3411
Tille on Brother -	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Position Designated Agen		ne number 703 - 358 - 2970
	Depositories: List all banks or other depositories in which the coles or maintains funds.	ommittee deposits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	United Bank	
Mailing Address	11185 Fairfax Blvd	
	Fairfax	VA 22030
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

This form is being amended to reflect a change in Treasurer, Custodian of Records, and to update the bank address and email address on file.

Form/Schedule: Transaction ID: