Only

FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Triumph Group Inc PAC 222 W. Las Colinas Blvd ADDRESS (number and street) Ste 1925 North (Check if address is changed) 75039 Irving CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lanthony@triumphgroup.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00361949 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. Type or Print Name of Treasurer Anthony, Levy, , Mr, 10 02 2023 Signature of Treasurer Anthony, Levy, , Mr, Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

| · | (Paying 00/0000) | D 0 | | | |
|---|--|------------------------|--|--|--|
| | (Revised 03/2022) | Page 2 | | | |
| – • | F COMMITTEE: | | | | |
| () T | 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 the candidatinformation below.) | | | | | |
| Name Candid | | | | | |
| Candid | ate Office | State | | | |
| | Affiliation Sought: House Senate President | Diatriot | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | |
| Name of Candidate | | | | | |
| Party C | committee: (National, State (Democrat | ic | | | |
| (d) | This committee is a | n, etc.) Party | | | |
| (e) X | Membership Organization Trade Association Cooper In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | Organization rative | | | |
| (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 F | PAC). | | | |
| | In addition, this committee is a Lobbyist/Registrant 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. | or more political | | | |
| (j) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| Comr | nittees Participating in Joint Fundraiser | | | | |
| 1. | C | | | | |

| J | FEC Form 1 (Revised 0 | 02/2009) | | | Page 3 | | |
|----|--|--------------------------------------|---------------------|------------------|----------------------|--|--|
| V | Vrite or Type Committee Name | | | | | | |
| 6. | Triumph Group Inc PAC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | | |
| 0. | Triumph Group Inc | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Mailing Address | 222 W. Las Colinas Blvd | | | | | |
| | | Ste 1925 North | | | | | |
| | | Irving | | TX L | 75039 | | |
| | | CITY A | | STATE ▲ | ZIP CODE ▲ | | |
| | Relationship: X Connected | Organization Affiliated Organizat | on Joint Fundraisin | g Representative | Leadership PAC Spons | | |
| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | | |
| | Anthony, Levy, , Mr, | | | | | | |
| | Full Name | | | | | | |
| | Mailing Address | 222 W. Las Colinas Blvd | | | | | |
| | | Ste 1925 North | | | | | |
| | | Irving | | TX | 75039 | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | | |
| | Title or Position ▼ | | | | | | |
| | Sr Mgr, Treasury | | Telephone nur | mber | | | |
| 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 Anthony, L | evy, , Mr, | | | | | |
| | | ₁ 222 W. Las Colinas Blvd | | | | | |
| | Mailing Address | Ste 1925 North | | | | | |
| | | Irving | | TX | 75039 | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | | |
| | Title or Position ▼ | | | | | | |
| | Treasurer | | Telenhone nur | mber | - - | | |

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|-------------------------------------|---|----------------------------|----------------------------|--|--|--|
| Full Name of Designated Agent | Anthony, Levy, , , | | | | | |
| Mailing Address | 222 W. Las Colinas Blvd | | | | | |
| | Ste 1925 North | | | | | |
| | Irving | TX | 75039 | | | |
| Tille on Booting | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Title or Position ▼ Treasurer | | | | | | |
| Treasurer | т | elephone number | | | | |
| | epositories: List all banks or other depositories in which es or maintains funds. pository, etc. | the committee deposits fur | nds, holds accounts, rents | | | |
| | Wells Fargo | | | | | |
| L | | | | | | |
| Mailing Address | PO Box 63020 | | | | | |
| | | | | | | |
| | San Francisco | CA L | 94163 | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Name of Bank, Depository, etc. | | | | | | |
| L | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY ▲ | STATE ▲ | 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 to update Treasurer, address and email address.

Form/Schedule: Transaction ID: