
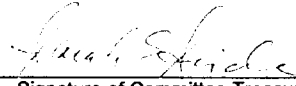


STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
<p>1. Name and Address of Committee</p> <p style="margin-left: 20px;">Air Products and Chemicals, Inc. Political Alliance - Louisiana</p> <p style="margin-left: 20px;">PO Box 441</p> <p style="margin-left: 20px;">Trexlerstown, Pennsylvania 18087</p> <p>Check If: New Committee <input type="checkbox"/></p>	<p>2. Date of this Statement</p> <p style="text-align: center;">1/8/2021</p> <hr/> <p>3. Estimated Membership</p> <p style="text-align: center;">326</p> <hr/> <p>4. Amended Statement?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>										
<p>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left; padding: 2px;">a. Name</th> <th style="width: 20%; text-align: left; padding: 2px;">b. Position</th> <th style="width: 50%; text-align: left; padding: 2px;">c. Address</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Sean D. Major</td> <td style="padding: 2px;">Chairperson</td> <td style="padding: 2px;">PO Box 441 Trexlertown, Pennsylvania 18087</td> </tr> <tr> <td style="padding: 2px;">Sarah Seidensticker</td> <td style="padding: 2px;">Treasurer</td> <td style="padding: 2px;">PO Box 441 Trexlertown, Pennsylvania 18087</td> </tr> </tbody> </table>			a. Name	b. Position	c. Address	Sean D. Major	Chairperson	PO Box 441 Trexlertown, Pennsylvania 18087	Sarah Seidensticker	Treasurer	PO Box 441 Trexlertown, Pennsylvania 18087
a. Name	b. Position	c. Address									
Sean D. Major	Chairperson	PO Box 441 Trexlertown, Pennsylvania 18087									
Sarah Seidensticker	Treasurer	PO Box 441 Trexlertown, Pennsylvania 18087									
<p>6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left; padding: 2px;">a. Name</th> <th style="width: 35%; text-align: left; padding: 2px;">b. Address</th> <th style="width: 35%; text-align: left; padding: 2px;">c. Relationship to Committee</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Air Products and Chemicals, Inc.</td> <td style="padding: 2px;">7201 Hamilton Boulevard, Allentown, PA 18195</td> <td style="padding: 2px;">Connected Organization</td> </tr> </tbody> </table>			a. Name	b. Address	c. Relationship to Committee	Air Products and Chemicals, Inc.	7201 Hamilton Boulevard, Allentown, PA 18195	Connected Organization			
a. Name	b. Address	c. Relationship to Committee									
Air Products and Chemicals, Inc.	7201 Hamilton Boulevard, Allentown, PA 18195	Connected Organization									
<p>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left; padding: 2px;">a. Name</th> <th style="width: 70%; text-align: left; padding: 2px;">b. Address</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">APCI Federal Credit Union</td> <td style="padding: 2px;">PO Box 20147, Lehigh Valley, Pennsylvania 18002</td> </tr> </tbody> </table>			a. Name	b. Address	APCI Federal Credit Union	PO Box 20147, Lehigh Valley, Pennsylvania 18002					
a. Name	b. Address										
APCI Federal Credit Union	PO Box 20147, Lehigh Valley, Pennsylvania 18002										
<p>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee</p>											
<p>b. Name of Candidate</p>	<p>c. Office Sought by the Candidate</p>										
<p>9. a. Name of Person Preparing Report Beth Fricke</p> <p>b. Daytime Telephone (202) 543-8345</p>											
<p>10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.</p> <p>This <u>26th</u> day of <u>January</u>, 2021</p>											
<p> _____ Signature of Committee Chairperson</p>		<p>(610) 481-7021 _____ Daytime Telephone Number</p>									
<p> _____ Signature of Committee Treasurer, if any</p>		<p>(610) 481-3456 _____ Daytime Telephone Number</p>									