Image# 201604269015358003				04/26/2016 10 : 07
FEC FORM 1	STATEMEN ORGANIZ	-		PAGE 1 / 6
			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Pombordior Transportatio		bardiar Aaraanaaa (Hald	ingo) LISA Ing. DA	C(Pombardiar DAC)
Bombardier Transportatio	n (Giobai) USA inc./bom		ings) USA inc. PA	
	1275 Pennsylvania Ave NW S			
ADDRESS (number and street)				
(Check if address	1			
is changed)	Washington		DC 2000	4 1 1 1
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	James.Hunter@bomba	Irdier.com		
is changed)	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 04 / 2	b / Y Y Y Y 2016			
3. FEC IDENTIFICATION N	UMBER ► C co	00546473		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief in	t is true, correct and o	complete.
Type or Print Name of Treasure	er Kimba Sjogren			
Signature of Treasurer	ba Sjogren	[Electronically Filed]	Date 04	25 / Y Y Y Y 2016
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		Revised 06/2012)

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F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	
Cane	didate	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. (Compleinformation below.)	ete the candidate
Name Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is
		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 segr committee. (i.e., nonconnected committee)	egated 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.)	
Joint	t 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

## Bombardier Transportation (Global) USA Inc./Bombardier Aerospace (Holdings) USA Inc. PAC(Bombardier PAC)

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

В	ombardier Transporta	ation (Global) USA		
	Mailing Address	One Learjet Way		
		Wichita	KS	67209 
		CITY	STATE	ZIP CODE
	Relationship: X Connected	I Organization Affiliated Committee Joint Fundraisin	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and posi-	ition of the perso	on in possession of committee
	James Hu	nter		
	Full Name			
	Mailing Address	1275 Pennsylvania Ave NW Suite 410		
		Washington		20037

Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	414 - <u>8990</u>

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name Kimba S	Sjogren
Mailing Address	One Learjet Way
	Wichita         KS         67209
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     316     946     2433

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Full Name of Designated Agent	Brenda R M	lesker								Í												
Mailing Address		One Learjet Way																				
		Wichita									K	(S		67	7209							
			(	CITY							STA	ΤE				ZI	IP C	COD	E			
Title or Position	urer						Tele	phor	ne r	numl	ber		310 	6	-[	94 	6			638	38	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Burke	& Herbert Bank & Trust		
Mailing Address	302 Maple Ave. W.		
	Vienna	VA 22180	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This registration is being amended to disclose an new address for the Committee and Custodian of Records. Please update your records accordingly.

Form/Schedule: Transaction ID:

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G	(Revised 06/2011)

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Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository	aintains funds.		olds accounts, rents
	,		_
Mailing Address			
		با ليا ل	
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	Organization, Affiliated Committee, Joint Fundraising	Representative, or Leade	[ ADDITIONA rship PAC Sponsor
	bace (Holdings) USA Inc.		
Mailing Address	One Learjet Way		
	Wichita		7209 
	CITY	STATE 📥	ZIP CODE 📥
ationship: Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	lership PAC Sponsor
	Affiliated Committee Joint Fundraising	Representative Lead	
Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	
Connected Organization Designated Agent	Affiliated Committee Joint Fundraising		
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraising	Representative Lead	
Connected Organization Designated Agent Full Name	☐ Affiliated Committee       ☐ Joint Fundraising         I I I I I I I I I I I I I I I I I I I	Representative Lead	
Connected Organization Designated Agent Full Name Mailing Address			[ ADDITIONAL ]