Image# 201701259041472065				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ		Of	fice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
Aeronautical Re	pair Station Asso	ciation Political	Action Com	mittee
	117 North Honny Street			
ADDRESS (number and street)	117 North Henry Street			
<ul> <li>(Check if address is changed)</li> </ul>				
	Alexandria			14
			STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	christian.klein@potoma	ac-law.com		
is changed)				
	Optional Second E-Mail Ad	dress nac-law.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	25 / 2017 NUMBER ► C C	00409029		
4. 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	t is true, correct and	complete.
Type or Print Name of Treasu	rer Klein, Christian, Andre-Alber	t, Mr., Esq.		
Signature of Treasurer	in, Christian, Andre-Albert, Mr., Esq.	[Electronically Filed]	Date 01	25 / Y Y Y Y 2017
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate 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. (Cor information below.)	nplete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization i
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization	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 s committee. (i.e., nonconnected committee)	egregated fund or par
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3. FEC ID number	
4.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Aeronautical Repair Station Association Political Action Committee

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

A	eronautical Repair St	ation Association			
	Mailing Address	117 North Henry Street			
		Alexandria		VA 22314	
		CITY		STATE	ZIP CODE
	Relationship: <b>x</b> Connected	Organization Affiliated Committee	Joint Fundraising	Representative	eadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number	optional) and positi	ion of the person in po	ossession of committee
		tian, Andre-Albert, Mr., Esq.			
	Full Name	117 North Henry Street			
	Mailing Address				
		Alexandria		VA 22314	
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone nun	nber 703 – [	739 9485

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	Klein, Christian, Andre-Albert, Mr., Esq.
of Treasurer	
Mailing Address	117 North Henry Street
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent								I						I												
Mailing Address																										
																			L			1				
						СІТ	Y									STA	ΤE				ZIF	Р С	OD	Ε		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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 E	Bank, D	epository,	etc.
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Bank c	f America		
Mailing Address	625 North Washington St., 2nd Flr		
	Alexandria		
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE