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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bombardier Transportation (Global) USA Inc./Bombardier Aerospace (Holdings) USA Inc. PAC(Bombardier PAC) 1275 Pennsylvania Ave NW Suite 410 ADDRESS (number and street) (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address James.Hunter@bombardier.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00546473 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. Maughan, Cristin, , , Type or Print Name of Treasurer Maughan, Cristin, , , [Electronically Filed] 10 30 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE  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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
	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 se committee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

		l
FEC Form 1 (Revised C		Page 3
Write or Type Committee Name		<i>(</i>
Bombardier Transportatio	n (Global) USA Inc./Bombardier Aerospace (Holdings) USA Inc. PAC	(Bombardier PAC)
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Bombardier Transporta	ation (Global) USA	
Mailing Address	One Learjet Way	
	Wichita   KS 67209	
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
Hunter, Jai	mes,,,	1
Full Name	,1275 Pennsylvania Ave NW Suite 410	
Mailing Address		
	Washington DC 20037	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		414   -   8990
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	me and address of
Full Name Maughan, of Treasurer	Cristin, , ,	
Mailing Address	One Learjet Way	
	Wichita KS 67209 CITY STATE	ZIP CODE
Title or Position Treasurer		946 - 2000

EEC Ear	<b>n 1</b> (Revised 02/2009)	Page /
FEC FOR	II I (Keviseu 0.2/2003)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	olus accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  Burke & Herbert Bank & Trust  1302 Maple Ave. W.	olds accounts, Tents
safety deposit bo	Depository, etc.  Burke & Herbert Bank & Trust  1302 Maple Ave. W.	olds accounts, Tents
safety deposit bo Name of Bank, I	Depository, etc.  Burke & Herbert Bank & Trust  1302 Maple Ave. W.	
safety deposit bo Name of Bank, I	Depository, etc.  Burke & Herbert Bank & Trust  302 Maple Ave. W.	
safety deposit bo Name of Bank, I	Depository, etc.  Burke & Herbert Bank & Trust  302 Maple Ave. W.  Vienna  Vienna  CITY  STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Burke & Herbert Bank & Trust  302 Maple Ave. W.  Vienna  Vienna  CITY  STATE	O ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Burke & Herbert Bank & Trust  302 Maple Ave. W.  Vienna  CITY  STATE  Depository, etc.	O ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Burke & Herbert Bank & Trust  302 Maple Ave. W.  Vienna  CITY  STATE  Depository, etc.	O ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Burke & Herbert Bank & Trust  302 Maple Ave. W.  Vienna  CITY  STATE  Depository, etc.	O

## : 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 registration is being amended to reflect the new PAC Treasurer.

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fund Space (Holdings) USA Inc.	draising Representative	e, or Leadership PAC Spon
Mailing Address	One Learjet Way		
	Wichita	KS	67209
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  City A  pries: List all banks or other depositories in which	Telephone Number	