Only

STATEMENT OF

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FEC FORM 1		0	RGANI	ZATIO	ON				c	Office Us	se Only	,		
1. NAME OF COMMITTEE (ir	n full)		Check if name s changed)		mple:If typ		12	2FE41						
Applied Re	searc	h Asso	ciates, I	nc. Po	olitical	Actio	n Co	mm	nitte	e (A	\RA	\PA	(C)	
														Ш
ADDRESS (number a	nd street)	2760 Eis	enhower Avenue											
(Check if a is changed		Suite 308 Alexand					L ^V ST	A ATE A	22	314	ZIP	 	 L_ E_	
COMMITTEE'S E-MA	AIL ADDRI	ESS												
(Check if a is changed		outsou	rcing@aristot	le.com										Ш
		Optional	Second E-Mail	Address										
COMMITTEE'S WEB (Check if a is changed	address	DDRESS (UI	RL)											
2. DATE 1	M / D	06 / Y	2020											
3. FEC IDENTIFIC	CATION N	UMBER ▶	C	C0076242	27									
4. IS THIS STATEM	MENT 3	N EW	(N) OR		AME	NDED (A)								
I certify that I have e	examined	this Stateme	ent and to the b	est of my	knowledge	and belief	it is tru	e, corr	ect and	d com	plete.			
Type or Print Name	of Treasure	er Goodma	an, William, , ,											
Signature of Treasure	er <i>Goo</i>	dman, William	, , ,		[Electronic	ally Filed]	Date	IM	11	0	6	Y	2020	Y
NOTE: Submission of	false, error		omplete informati							penal	ties of	2 U.S	S.C. §4	l37g.
Office Use					Federal Ele	information ection Commi		:				DRM 06/201		

Toll Free 800-424-9530

Local 202-694-1100

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TYPE (DF COMMITTEE	. 4,5 - 1						
	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. (Cominformation below.)	plete the candidate						
Name o Candida								
Candida Party A	* · · · · · ·	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.) Party.						
Politic	al Action Committee (PAC):							
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so committee. (i.e., nonconnected committee)	egregated 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 F	undraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political						
(Committees Participating in Joint Fundraiser							
	1. FEC ID number C							
	2. FEC ID number C							
;	3. FEC ID number							
	4.							

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٧	Vrite or Type Committee Name		
/	Applied Researd	h Associates, Inc. Political Action Co	ommittee (ARAPAC)
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
Α	pplied Research Ass	ociates, Inc.	
L			
	Mailing Address	4300 San Mateo Blvd	
	3	Suite A-220	
		Albuquerque	87110
		CITY STATE	ZIP CODE
	Relationship: 🕱 Connected	Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor
·.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of th	e person in possession of committee
	Goodman,	William, , ,	1
	Full Name	,2760 Eisenhower Avenue	
	Mailing Address	Suite 308	
			22214
		Alexandria	
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number	202 699 - 2737
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the commit ssistant treasurer).	tee; and the name and address of
	Full Name Goodman, of Treasurer	William, , ,	
	Mailing Address	2760 Eisenhower Avenue	
		Suite 308	
		Alexandria	22314
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number	202 699 2737

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Full Name of Designated Agent	n, Katherine, , ,						
Mailing Address	2760 Eisenhower Avenue						
	Suite 308						
	Alexandria CITY	VA 2 STATE	2314 ZIP CODE				
Title or Position Assistant Treasurer		ephone number 859	_ 684 5653				
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. Chain Bridge Bank							
Mailing Address	1445-A Laughlin Avenue						
	McLean	VA	2101				
	CITY	STATE	ZIP CODE				
Name of Bank, Deposi	itory, etc.		_				
L							
Mailing Address							
	CITY	STATE					