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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. AEROFLEX INCORPORATED PAC 35 SOUTH SERVICE ROAD ADDRESS (number and street) (Check if address is changed) **PLAINVIEW** 11803 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS andrew.kaminsky@aeroflex.com (Check if address is changed) Optional Second E-Mail Address mward@wardlawless.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00422824 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. Andrew Kaminsky Type or Print Name of Treasurer Andrew Kaminsky [Electronically Filed] 09 2014 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

	EEC Ec	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye Z
Car	ndidate	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.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X 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.)	
Join	t Fund	Iraising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na	me		
AEROFLEX IN	NCORPORATED PA	IC	
6. Name of Any Connected	d Organization, Affiliated Committee,	Joint Fundraising Representat	tive, or Leadership PAC Sponsor
Aeroflex Incorporate	d		
Mailing Address	35 South Service Road		
Ç			
	Plainview	NY	11803
	CITY	STATI	ZIP CODE
Relationship: X Connec	cted Organization Affiliated Committe	e Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone numbe	er optional) and position of th	ne person in possession of committee
	Kaminsky		
Full Name	35 South Service Road		
Mailing Address			
	Plainview	NY	, ,11803
	I alliview		
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	516 - 752 - 6401
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) ., assistant treasurer).	of the treasurer of the commit	itee; and the name and address of
Full Name Andrew of Treasurer	Kaminsky		
Mailing Address	35 South Service Road		
		<u> </u>	
	Plainview	NY	
Title or Position	CITY	STATE	ZIP CODE
Title or Position Treasurer	<u> </u>	Telephone number	516 - 752 - 6401

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. Depository, etc. Wells Fargo	lds accounts, rents
safety deposit b	Depository, etc. Wells Fargo 1615 Crystal Square Arcade	
safety deposit b Name of Bank,	Depository, etc. Wells Fargo 1615 Crystal Square Arcade	
safety deposit b Name of Bank,	Depository, etc. Wells Fargo 1615 Crystal Square Arcade Arlington CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Wells Fargo 1615 Crystal Square Arcade Arlington CITY STATE	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Wells Fargo 1615 Crystal Square Arcade Arlington CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 1615 Crystal Square Arcade Arlington CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 1615 Crystal Square Arcade Arlington CITY STATE Depository, etc.	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor COBHAM HOLDINGS INC POLITICAL ACTION COMMITTEE COBHAM PAC 2121 CRYSTAL DRIVE Mailing Address ARLINGTON 22202 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number