Image#	10990926571	
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Atlantic Marin	e Shipyard PAC - Atlantic Marine Mayport, Mobile & Flori-	
ADDRESS (number and s	treet)	
(Check if address is changed)	Jacksonville	FL
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	djones@atlanticmarine.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE M M		
3. FEC IDENTIFICA	TION NUMBER C C00232264	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examine	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Mr. David Jones	
Signature of Treasurer	Electronically Filed by Mr. David Jones	Date 07 / 16 / Y Y Y Y 0 7 / 16
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	

Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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		FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	E OF CC	DMMITTEE (Check One)	
	Cand	lidate C	ommittee:	
	(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. (Complete t information below.)	he candidate
	Name Cand			
	Cand Party	lidate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politi	ical Act	ion Committee (PAC):	
	(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			X Corporation Corporation w/o Capital Stock	bor Organization
			Membership Organization Trade Association C	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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 I	Fundrai	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Com	nittees Participating in Joint Fundraiser	

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name		
Atlantic Marine Shipyar	d PAC - Atlantic Marine Mayport, Mobile & Florida, LLC	2
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
BAE SYSTEMS INC. POL	LITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC	>)
Mailing Address	1300 North 17th Street	
	Suite 1400	
	Arlington	VA 22209 _
	CITY ST	ATE A ZIP CODE A
Relationship: Connected Organization	X Affiliated Committee Joint Fundraising Represe	Intative Leadership PAC Sponsor
 Custodian of Records: Ide possession of Committee 	entify by name, address, (phone number optional), and po books and records.	osition of the person in
Full Name	vid Jones	

Full Name	ones 		
Mailing Address	8500 Heckscher Driv	e	
	Jacksonville	FL	32226 _
Title or Position ▼	CITY 🛦	STATE	
Financial Anal	yst	Telephone number 904	

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 of Treasurer	Mr. Herschel Vinya	rd		
Mailing Address		4447 Chippewa Drive	9	
		Jacksonville	FL	32210
Title or Position ♥		CITY A	STATE	
VP	Govt Affairs		Telephone number	42511678

FEC Form 1 (Revis	sed 02/2009)			Page 4
Full Name of Designated Agent	Mr. David Jones			
Mailing Address	8500 Heckscher Drive	•		
	Jacksonville		_FL	32226
Title or Position ▼	CITY A		STATE 🛦	ZIP CODE 🔺
Assista	ant Treasurer	Telephone r	number	2511854
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. ommonwealth National Bank	which the committ	tee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	which the committ	tee deposits funds, h	
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