PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) EROSPACE AND DEFENSE POLITICAL ACTION COMMIT 1236 BRACE ROAD UNIT G ADDRESS (number and street) (Check if address is changed) CHERRY HILL 08034 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brett\_aspep@comcast.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2014 C00251728 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. Ann Wiser Type or Print Name of Treasurer Ann Wiser [Electronically Filed] 10 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offily			Local 202-694-1100

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		OMMITTEE	i aye <b>£</b>
Can	didate	e Committee:	
(a)	Ш	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b>(5</b> )
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s 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 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo 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 Name	

Write or Type Committee Name	2		
AEROSPACE A	AND DEFENSE POLI	TICAL ACTION	COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative,	or Leadership PAC Sponsor
AEROSPACE AND DI	EFENSE POLITICAL ACTION		
Mailing Address	1236 BRACE ROAD UNIT G		
	CHERRY HILL CITY	NJ STATE	08034 ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Representat	ive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number o	optional) and position of the pe	erson in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the committee;	and the name and address of
Full Name Ann Wiser of Treasurer			
Mailing Address	1236 Brace Road		
	Suite G		
	Cherry Hill	NJ	08034
Title or Position Treasurer	CITY	STATE  Telephone number	ZIP CODE  56

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Full Name of Designated	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,		ido decounto, rento
safety deposit b	Depository, etc.  PNC Bank  PO Box 609	
safety deposit b Name of Bank,	Depository, etc.  PNC Bank  PO Box 609	
safety deposit b Name of Bank,	Depository, etc.  PNC Bank  PO Box 609	
safety deposit b Name of Bank,	PNC Bank  PO Box 609	
safety deposit b Name of Bank,	PNC Bank  PO Box 609  Pittsburgh  PITTY  STATE	
safety deposit b Name of Bank, Mailing Address	PNC Bank PO Box 609 Pittsburgh PITTY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	PNC Bank PO Box 609 Pittsburgh CITY STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	PNC Bank PO Box 609 Pittsburgh CITY STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	PNC Bank PO Box 609 Pittsburgh CITY STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	PNC Bank PO Box 609 Pittsburgh CITY STATE  Depository, etc.	ZIP CODE