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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) AIRCRAFT MECHANICS FRATERNAL ASSOCIATION PAC (AMFA PAC) 7853 E. ARAPAHOE COURT ADDRESS (number and street) **SUITE 1100** (Check if address is changed) **CENTENNIAL** 80112 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@vantage.network is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2025 C00782326 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. Type or Print Name of Treasurer LEONARDO, RUI, , LEONARDO, RUI, , , Date 07 31 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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
•,			Local 202-694-1100

FEC Form 1 (Revise	ed 03/2022)	Page <b>2</b>						
. TYPE OF COM	MITTEE:							
Candidate Co	date Committee:							
(a) This co	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 the candidate information below.)							
Name of Candidate	<u> </u>							
Candidate Party Affiliation	Office Sought: House Senate President	State						
(c) This co	ommittee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Commit	tee:							
-	(National, State (Democr	atic, an, etc.) Party						
Dalitical Actio	n Oomenika (PAO)							
	on Committee (PAC):	ootod organization is a:						
(e) X This co	ommittee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a.						
С	orporation Corporation w/o Capital Stock X Labo	r Organization						
M	lembership Organization Trade Association Coop	perative						
	In addition, this committee is a Lobbyist/Registrant PAC.							
1.1								
Γ	In addition, this committee is a Lobbyist/Registrant PAC.							
ī	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
(a) This or								
(9) This Co	ommittee is an independent expenditure-only political committee (Super PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
(h) This co	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
Joint Fundrais	sing Representative:							
This co	ommittee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political						
(1)	ttees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more permean						
(1)	committee collects contributions, pays fundraising expenses and disburses net proceeds for two ttees/organizations, none of which is an authorized committee of a federal candidate.	o or more political						
Committees I	Participating in Joint Fundraiser							
1.	C							

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Write or Type	Committee Name		

AIRCRAFT MECHANICS FRATERNAL ASSOCIATION PAC (AMFA PAC	<b>AIRCRAFT</b>	<sup>-</sup> MECHANICS	<b>FRATERNAL</b>	ASSOCIATIO	ON PAC	(AMFA	PAC)
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	7411010141111120	117 (14100 1 10 (12		<del>50001/111</del>				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor AIRCRAFT MECHANICS FRATERNAL ASSOCIATION							
	Mailing Address	7853 E. ARAPAHOE COURT						
		SUITE 1100						
		CENTENNIAL			CO	80112		
		CITY	<b>A</b>		STATE ▲	2	ZIP CODE A	<b>A</b>
	Relationship: X Connected	Organization Affiliated Org	anization	Joint Fundraising	Representative	Le	eadership PA	C Sponso
<del></del>	Custodian of Records: Identi	fy by name, address (phone n	ımber ontiona	al) and position of	the person in	nossessio	n of commit	tee
	books and records.	ly by hame, address (phone h		ary arra position of	the percent in	poddoddio	ir or commit	
	LEONARD	D, RUI, , ,						
	Full Name							
	Mailing Address	7853 E. ARAPAHOE COURT						
		SUITE 1100						
		CENTENNIAL			CO	80112	-	
		CITY			STATE A	Ž	ZIP CODE 4	<b>A</b>
	Title or Position ▼							
	TREASURER			Telephone num	ber			
8.	Treasurer: List the name and any designated agent (e.g., a		optional) of the	treasurer of the	committee; an	d the nan	ne and addı	ress of
	Full Name LEONARDO, RUI, , ,							
	of Treasurer							
	Mailing Address	7853 E. ARAPAHOE COURT						
		SUITE 1100						
		CENTENNIAL			CO	80112		
		CITY			STATE ▲	Ž	ZIP CODE 4	<b>A</b>
	Title or Position ▼							
_	TREASURER			Telephone num	715 ber		38	8544

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Full Name of Designated Agent	HOBBS, CABELL, , ,		
Mailing Address	7853 E. ARAPAHOE COURT		
	SUITE 1100		
	CENTENNIAL	CO L	80112
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position		number 512	
	<b>Depositories:</b> List all banks or other depositories in which the comres or maintains funds.	mittee deposits fund	s, holds accounts, rents
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA 2	22101
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲