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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) over the lines. is changed) BAE Systems Inc. Political Action Committee (BAE SYSTEMS USA PAC) 1101 Wilson Blvd. ADDRESS (number and street) (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michael.mcbride@baesystems.com (Check if address is changed) Optional Second E-Mail Address danielle.parker@baesystems.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00281212 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. McBride, Michael, , , Type or Print Name of Treasurer McBride, Michael, , , [Electronically Filed] 2017 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

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	raye <b>z</b>
Can	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction 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 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 transmittees/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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		i age <b>o</b>
	c. Political Action Committee (BAE SYSTEMS	USA PAC)
<u> </u>	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	
BAE Systems, Inc.		
	1101 Wilson Blvd.	
Mailing Address	THE TYPINGST DIVU.	
	Arlington VA 22209	
	CITY STATE Z	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
-		
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Parker, Da	anielle, , ,	
Full Name	<sub>1</sub> 1101 Wilson Blvd.	
Mailing Address		
	Arlington , VA , 22209	
	90	
Title or Position	CITY STATE Z	IP CODE
Asst. Treasurer, PAC		94   3663
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name McBride, Morride, McBride, Morride, McBride, Morride, McBride, Morride, McBride, Mc	/lichael, , ,	
Mailing Address	1101 Wilson Blvd.	
	Arlington	
Title or Position	CITY STATE Z	IP CODE
Vice President, Legi	Telephone number 703 - 3	12 - 6158

: =0 : 0: : (110	evised 02/2009)		Page 4
Full Name of Designated Agent  McBrid	ide, Michael, , ,		
Mailing Address	1101 Wilson Blvd.		
	Adjustes	VA 2000	
	Arlington	STATE 22209	ZIP CODE
Title or Position Vice President, Legi	Telephone n	umber	312 6158
safety deposit boxes or Name of Bank, Deposito		nittee deposits funds, ho	olds accounts, rents
Mailing Address	555 12th Street, NW		
	Washington	DC 20004	1
	CITY	STATE	ZIP CODE
Name of Bank, Deposito		STATE	
Name of Bank, Deposito	ory, etc.	STATE	
1	ory, etc.		
	ory, etc.		
	ory, etc.		

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

To notify of change of Treasurer, Assistant Treasurer, and bookkeeper.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e or Leadershin PAC Snon
BAE Systems			
Mailing Address	1101 Wilson Blvd.		
	Arlington	VA	22209
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identii  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A