Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. .3Harris PAC 600 Third Avenue ADDRESS (number and street) (Check if address is changed) New York 10016 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2019 C00338087 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Souza, Stephen M,,,, Type or Print Name of Treasurer Souza, Stephen M,,, [Electronically Filed] 07 08 2019 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

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
`′ Ц	committees/organizations, none of which is an authorized committee of a federal candidate.	
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	· · · · · · · · · · · · · · · · · · ·	3
L3Harris PAC		
	ganization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
L3Harris		
Mailing Address	600 Third Avenue	
	New York NY	10016
	CITY STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the perso	n in possession of committee
Souza, Ste	ohen M, , ,	
Mailing Address	600 Third Avenue	
S	- 	
	New York NY	10016
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name Souza, Step of Treasurer	hen M, , ,	
Mailing Address	600 Third Avenue	
	New York	10016
Title or Position	CITY STATE	ZIP CODE
Treasurer		_ 805 _ 5205

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Full Name of Designated Agent	Burnett, Gregg, , ,	
Mailing Address	600 Third Avenue	
	New York NY 1001	6
Title on Desirie	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number	
Banks or Other safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	olus accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. The Bank of New York One Wall Street	UIUS ACCOUNTS, TERIS
safety deposit bo	oxes or maintains funds. Depository, etc. The Bank of New York One Wall Street	UIUS accounts, Tents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. The Bank of New York One Wall Street	
safety deposit be Name of Bank, I	Oxes or maintains funds. Depository, etc. The Bank of New York One Wall Street	
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safety deposit be Name of Bank, I	Depository, etc. The Bank of New York One Wall Street New York CITY STATE Depository, etc.	6
Name of Bank, I	Depository, etc. The Bank of New York One Wall Street New York CITY STATE Depository, etc.	6
Name of Bank, I	Depository, etc. The Bank of New York One Wall Street New York CITY STATE Depository, etc.	6

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

Form/Schedule: F1A Transaction ID:

In the wake of a merger with Harris Corporation, this amended registration is filed to update the committee's name and that of our corporate sponsor and to add a new affiliated committee.

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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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Spon
Harris Corporatio	n Political Action Committee		
Mailing Address	600 Maryland Avenue SW		
	Suite 850E		
	Washington	DC	20024
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optiona	l)	
Full Name	y by hame, address (phone humber — optiona	l)	
Full Name	y by hame, address (phone humber – opnona	.) 	
	ly by fiame, address (phone number – opnona) 	
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	CITY A pries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	CITY A pries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A pries: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in w	STATE A Telephone Number	