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) Zimmer Biomet Holdings, Inc. Political Action Committee (a.k.a. 'Zimmer Biomet PAC') 801 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 330 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zpacs@cox.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2015 C00399386 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. Mr. Christopher A. Cerone Type or Print Name of Treasurer Mr. Christopher A. Cerone [Electronically Filed] 07 2015 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE	. ugo =
Can	ndidate	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	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:	(5
(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 con-	nnected organization is a
		X 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 scommittee. (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 trecommittees/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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	r age o
Zimmer Biomet Holdings, Inc. Political Action Committee (a.k.a. 'Zimmer B	iomet PAC')
	<u> </u>
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sporisor
Zimmer Biomet Holdings, Inc.	
345 East Main Street	
Mailing Address	
.Warsaw	
CITY STATE ZII	P CODE
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	ssion of committee
Ms. Whitney Tull	1
Full Name	
Mailing Address	
Suite 330	
Washington DC 20004	
Title or Position CITY STATE ZIF	P CODE
Custodian of Records Telephone number 202 20-	4 – 0133
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). 	and address of
Full Name Mr. Christopher A. Cerone	
of Treasurer	
Mailing Address 801 Pennsylvania Avenue, NW	
Suite 330	
Washington DC 20004	
CITY STATE ZIF	CODE
Title of Position Treasurer Telephone number 202 204	0130

T LO FUIIII	1 (Revised 02/2009)	
Full Name of Designated Agent	Ms. Whitney Tull	
Mailing Address	801 Pennsylvania Avenue, NW	
-	Suite 330	
	Washington DC 20004	1 1
	CITY STATE ZIP	CODE
Title or Position Assistant Treasu	rer Telephone number	- 0133
safety deposit box Name of Bank, D		counts, rents
safety deposit box Name of Bank, D	pepository, etc. PNC BANK	counts, rents
safety deposit box Name of Bank, D	xes or maintains funds. Depository, etc.	counts, rents
safety deposit box Name of Bank, D	pepository, etc. PNC BANK 102 South Buffalo Street	counts, rents
safety deposit box Name of Bank, D	pepository, etc. PNC BANK	counts, rents
safety deposit box Name of Bank, D	PNC BANK 102 South Buffalo Street Warsaw IN 46581	counts, rents
safety deposit box Name of Bank, D	PNC BANK 102 South Buffalo Street Warsaw CITY STATE ZIP	
safety deposit box Name of Bank, D Mailing Address	PNC BANK 102 South Buffalo Street Warsaw CITY STATE ZIP	
safety deposit box Name of Bank, D Mailing Address	PNC BANK 102 South Buffalo Street Warsaw CITY STATE ZIP	
safety deposit box Name of Bank, D Mailing Address	PNC BANK 102 South Buffalo Street Warsaw CITY STATE ZIP	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	PNC BANK 102 South Buffalo Street Warsaw CITY STATE ZIP	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	PNC BANK 102 South Buffalo Street Warsaw CITY STATE ZIP	