## STATEMENT OF

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FORM 1		C	ORGAN	IZA <sup>·</sup>	TIOI	N						Office	Use O	nly			
1. NAME OF COMMITTEE (ir	n full)		(Check if nam is changed)	e	Examplover th	le:If typi e lines.	ng, type	Э	12F	'E41	м5						
CRAY INC	EMPLC	YEE	POLITI	CAL	ACT	ION	COI	MM	ITT	ΕE	(A	KA	CF	RAY	/ P.	AC	)
ADDRESS (number a	nd street)	2001 R	ichmond Highwa	ay 													
(Check if a is changed		SUITE	1010														
	-,	ARLIN	GTON  CITY A						VA STAT	E 🛦		2202	Z		DDE 4		
COMMITTEE'S E-MA	AIL ADDRES	S															
(Check if a is changed		CRAY	'PAC@CRA	Y.COM	1			1 1		ı							
		Optiona mgui	al Second E-Ma ton@cray.c	ail Addre	ess												
【 【 (Check if a is changed																	
2. DATE 1		/ Y	2019														
3. FEC IDENTIFIC	CATION NUI	MBER	<b>C</b>	C004	458547												
4. IS THIS STATEM	MENT	NEV	V (N) <b>O</b>	R	×	AMEN	IDED (A	۹)									
I certify that I have e	examined this	s Statem	nent and to the	best of	my kno	wledge	and bel	ief it is	s true,	corr	ect a	nd co	mplet	e.			
Type or Print Name	of Treasurer	Henry,	Brian, C., ,														
Signature of Treasure	er <i>Henry</i> ,	Brian, C.,	,		[El	lectronica	lly Filed	<i>]</i> [	Date	IM	10 <sup>M</sup>	/ [	03	/ [	20′	19	Y
NOTE: Submission of			complete inform									ne pen	alties	of 2 l	J.S.C.	§437	g
Office Use Only					Fe Tol	r further deral Elec Il Free 80 cal 202-69	tion Com 0-424-953	nmissior						<b>OR</b>			_

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o 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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FEC Form 1 (Revi		Page 3
Write or Type Committee I		
	IPLOYEE POLITICAL ACTION COMMITTEE (	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Cray Inc.		
Mailing Address	901 Fifth Avenue, Suite 1000	
maming / tauress		
	Seattle WA	98164
	CITY STATE	ZIP CODE
Relationship: X Conn	nected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso
Full Name Henry Mailing Address	ry, Brian, C., ,  901 Fifth Avenue, Suite 1000  Seattle  WA	98164
Title or Position	CITY STATE	ZIP CODE
Treasurer		701 - 2000
	ne and address (phone number optional) of the treasurer of the committee; an e.g., assistant treasurer).	nd the name and address of
Full Name Henry of Treasurer	y, Brian, C., ,	
Mailing Address	901 Fifth Avenue, Suite 1000	
	Seattle   WA	98164
Title on Desiri	CITY STATE	ZIP CODE
Title or Position Treasurer	206	701   2000

(***	levised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone no	umber	
safety deposit boxes or Name of Bank, Deposit		ittee deposits funds, I	holds accounts, rents
Mailing Address	251 South 18th Street		
	. A white art a re	\/\	
	Arlington	VA 2220	)2
	Arlington	VA 2220 STATE	DO2 ZIP CODE
Name of Bank, Deposit	CITY		
	tory, etc.		
	CITY tory, etc.		
We	tory, etc.		ZIP CODE

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>			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representativ	e or Leadershin PAC Snon
=	(ARD ENTERPRISE COMPANY PAC		o, or goddoromp the open
Mailing Address	709 G STREET, NW		
	SUITE 300		
	WASHINGTON	l DC	20001
Relationship:	CITY A	STATE A	ZIP CODE A
	Affiliated Committee Joint  Joint  fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Ative Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identic	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or markets.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A