FEC FORM 1	STATEMENT OF ORGANIZATION		RECEIVED 2012 DEC 14 AM 7: 06 Office Use Only	
1. NAME OF COMMITTEE (in	full) (Check if name Example:If typ is changed) over the lines.	TSLCAM		
G4S Gover	nment Solutions Inc., PAC			
ADDRESS (number an (Check if ad is changed)	d street)	ite 301	<u> </u>	
	CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address) address	<u>n</u>	]	
COMMITTEE'S WEB				
2. DATE 12	5			
3. FEC IDENTIFICATION NUMBER C00514406				
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 Allison Teixeira				
Signature of Treasurer Alloon Teiferr Date 12 05 2012				

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.

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	Office		For further information contact:	FEC FORM 1	
1	Use		Federal Election Commission Toll Free 800-424-9530	(Revised 02/2009)	1
	Only		Local 202-694-1100	(	

5.		YPE OF COMMITTEE			
	Cendidate Committee:				
	(a) .		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
	Name Candi	-			
	Candi Party	date Affiliatio	on Office Sought: House Senate President District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Party	y Com	mittee:		
	(d)		This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):		
	(e)	$\mathbf{X}$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)		
			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 two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
	Committees Participating in Joint Fundraiser				
		1.			
		2.			
		3.			
		4.			

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I.

Write or Type Committee Name

## G4S Government Solutions Inc., PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

G4	S Governm	ent Solutions, INC.		
Mai	iling Address	7121 Fairway Drive, Suite 301		
		Palm Beach Gardens	FL J	33418
		CITY	STATE	ZIP CODE
Rel	lationship: Connec	ted Organization Affiliated Committee Joint Fundraisin	ng Representat	ive Leadership PAC Sponsor
	stodian of Records: In oks and records.	dentify by name, address (phone number optional) and pos	sition of the pe	rson in possession of committee
Full			<u> </u>	
Mai	iling Address	7121 Fairway Drive, Suite 301		
		Palm Beach Gardens	[FL]	33418
Title	e or Position	CITY	STATE	ZIP CODE
V	ice President /	CCOUNTING Telephone no	umber 56	1
	asurer: List the name designated agent (e.g	and address (phone number optional) of the treasurer of t ., assistant treasurer).	ne committee;	and the name and address of
	Name Gary	/ Sayers		
Mai	iling Address	7121 Fairway Drive, Suite 301		
			<u> </u>	
		Palm Beach Gardens	[FL]	33418
Title	e or Position	CITY	STATE	ZIP CODE
	ce President Acc	ounting	mber [56	14720600
L				

FEC Form 1	(Revised	02/2009)
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Full Name of Designated Agent Jeffrey Norman				
Mailing Address	7121 Fairway Drive, Suite 301			
		1111		
	Palm Beach Gardens		33418	
Title or Position Vice Preside		150		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
l	Suntrust			
Mailing Address	6289 PGA BLVD	1 1 1 1		
	Palm Beach Gardens	[FL]	33418	
	CITY	STATE	ZIP CODE	
	pository, etc.		<u></u>	
Name of Bank, De				
Name of Bank, De	╾┼╌┧╌┧┈╽╶╢╌┧╌┧╴╉╶┧╴╁╶┧╼┨╴┨┈┧╶┶╌┠╴┨╶╢┈┧			
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Name of Bank, De	<u> </u>		L	

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Delivery Confirmation <sup>™</sup> or Signature Confirm	mation <sup>™</sup> Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	s Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Date of Ro	eceipt or Postmarked			
(Jm/J	12/14/12			
PREPARER (3/2005)	DATE PREPARED			