| Image# 201705119053516488 | | | | PAGE 1 / 4 |
|---|--|---|------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | |
| | | | | Office Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| HDR, Inc. Politic | al Action Commi | | | |
| | | | | |
| | 8404 Indian Hills Drive | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | | | | |
| | Omaha | | NE 68 | |
| | CITY A | | STATE A | ZIP CODE A |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| (Check if address is changed) | slming@comerica.com |) | | |
| | Optional Second E-Mail Ad | ldress | | |
| | | | | |
| (Check if address is changed) | | | | |
| | 11 / Y Y Y Y 2017 | | | |
| 3. FEC IDENTIFICATION N | | 00103903 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| contify that I have a survive it | this Statement and to the base | of my knowledge and ball of | t io true coment | d complete |
| certing that I have examined | this Statement and to the best | t of my knowledge and belief | it is true, correct an | a complete. |
| Type or Print Name of Treasur | er Heaney, Kathleen M.P., , , | | | |
| Signature of Treasurer | ney, Kathleen M.P., , , | [Electronically Filed] | Date 05 | / D D / Y Y Y Y 11 2017 |
| NOTE: Submission of false, error | neous, or incomplete information ANY CHANGE IN INFORMAT | may subject the person signing | | e penalties of 2 U.S.C. §437 |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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|---|---|
| TYPE OF COMMITTEE | |
| Candidate 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 prin information below.) | ncipal campaign committee. (Complete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Sought: House | Senate President District |
| (c) This committee supports/opposes only one candidate, and is N | NOT an authorized committee. |
| Name of Candidate I | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) commi | ittee of the (Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connect | cted organization on line 6.) Its connected organization is |
| Corporation Corporation | w/o Capital Stock |
| Membership Organization Trade Assoc | ciation Cooperative |
| In addition, this committee is a Lobbyist/Registrar | nt PAC. |
| (f) This committee supports/opposes more than one Federal canc committee. (i.e., nonconnected committee) | didate, and is NOT a separate segregated fund or part |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify | y sponsor on line 6.) |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses committees/organizations, at least one of which is an authorized of | |
| (h) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized commit | |
| Committees Participating in Joint Fundraiser | |
| 1 | FEC ID number |
| 2. | FEC ID number |
| | |
| 3. | FEC ID number |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

HDR, Inc. Political Action Committee

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

| HDR, Inc. | | | | |
|--|-------------------------|-------|----------|----------|
| | | | | |
| Mailing Address | 8404 Indian Hills Drive | | | |
| | | | | |
| | Omaha | ז | NE 68114 | |
| | CITY | S | STATE | ZIP CODE |
| Relationship: 🗴 Connected Organization 🚺 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Sponsor | | | | |
| 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | |

| PAC Servi | ices, Comerica Bank, , , | | |
|-------------------|--------------------------|------------------|------------|
| Full Name | | | |
| Mailing Address | P.O. Box 75000 | | |
| | MC2250 | | |
| | Detroit | MI | 48275-2250 |
| Title or Position | CITY | STATE | ZIP CODE |
| Recordkeeper | | Telephone number | 8 371 7268 |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | Heaney, Kathleen M.P., , , | | | |
|---------------------------|----------------------------|-------|--------------------|---|
| Mailing Address | 8404 Indian Hills Drive | | | |
| | | | | |
| | | | | |
| | Omaha | NE | 68114 – | |
| | Omaha CITY | STATE | 68114 – ZIP COD | E |

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| Full Name of Designated Agent | Malone, Pa | trick, , , | |
|-------------------------------------|------------|--|------|
| Mailing Address | | 2600 Park Tower Dr. | |
| | | Suite 100 | |
| | | Vienna VA 22180 | |
| | | CITY STATE ZIP CODE | |
| Title or Position | oci | Telephone number 571 - 327 | 5864 |

9. 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.

| Come | erica Bank | | |
|--------------------------|----------------|-------|----------|
| Mailing Address | P.O. Box 75000 | | |
| | | | |
| | | | 48275 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository | ı, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |