FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Government Solutions Inc. ADDRESS (number and street) (Check if address is changed) alm Beach Gardens CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) allison.teixeira@q4sqs.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) FEC IDENTIFICATION NUMBER 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. Allison Teixeira Type or Print Name of Treasurer Signature of Treasurer 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 02/2009) Toll Free 800-424-9530 Local 202-694-1100 Only

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| TYPE OF COMMITTEE | | | | | | |
| | didate | Commitiae: This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| (a) | | | | | | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate Information below.) | | | | |
| Name of Candidate | | | | | | |
| Cand Party | idate Affiliatio | on Office State President District | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Candi | | | | | | |
| Part | y Com | nmittee: (National, State (Democratic, | | | | |
| (d) | | This committee is a or subordinate) committee of the Republican, etc.) Party. | | | | |
| Polit | ical A | ction Committee (PAC): | | | | |
| (e) | \times | 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 Fundraising 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. | FEC ID number | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4. | FEC ID number | | | | |

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| Write or Type Committee Na | ime | |
| G4S Governme | ent Solutions Inc., PAC | |
| 6. Name of Ahy Connected | d Organization, Affiliated Committee, Joint Fundralsing Representat | ive, or Leadership PAC Sponsor |
| G4S Governm | ent Solutions, INC. | |
| | | |
| Mailing Address | 7 121 Fairway Drive, Suite 301 | |
| - | | |
| | Palm Beach Gardens | 33418, - , , , |
| | CITY STATE | |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraising Representation | entative Leadership PAC Sponsor |
| Custodian of Records: k books and records. | dentify by name, address (phone number optional) and position of th | e person in possession of committee |
| Full Name Alliso | on Teixeira | |
| Mailing Address | 7121 Fairway Drive, Suite 301 | |
| - | | |
| | Palm Beach Gardens FL | 33418 |
| Title or Position | CITY STATE | ZIP CODE |
| Manager Interna | al Audit and Risk Telephone number | 561 |
| 8. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the commit ,, assistant treasurer). | ttee; and the name and address of |
| Full Name of Treasurer | on Teixeira | <u> </u> |
| Mailing Address | 7121 Fairway Drive, Suite 301 | |
| | | <u> </u> |
| | Palm Beach Gardens FL | 33418 |
| Title or Position | CITY STATE | ; ZIP CODE |
| Manager Internal A | udit and Risk Telephone number | 561-472-0600 |

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Name of Bank, Depository, etc.

Mailing Address

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED