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FEC FORM 1

STATEMENT OF ORGANIZATION

1 NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BENTLEY SYSTEMS INCORPORATED FEDERAL PAC

ADDRESS (number and street) 685 S HOLKTON DRIVE

(Check if address is changed)

EXTON PA 19341-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

610-458-2869

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C00408138

4. IS THIS STATEMENT NEW (N) OR A 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.

Type or Print Name of Treasurer JAMES R FRICK

Signature of Treasurer James R Frick Date 02 06 2004

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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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation | Office Sought: House Senate President | State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) Y This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

BENTLEY SYTEMS INCORPORATED FEDERAL PAC

Mailing Address 685 STOCKTON DRIVE

EXTON PA 19341-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: MAURA L. DILLON

Mailing Address: C/O BENTLEY SYSTEMS INCORPORATED
685 STOCKTON DRIVE
EXTON PA 19341-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASST. TREASURER

Telephone number: 610-458-2609

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: JAMES R. FRICK

Mailing Address: C/O BENTLEY SYSTEMS INCORPORATED
685 STOCKTON DRIVE
EXTON PA 19341-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 610-458-5000

First Name of Designated Agent: MAURA L. DILLON

Mailing Address: C/O BENTLEY SYSTEMS INCORPORATED
685 STOCKTON DRIVE
EXTON PA 19341-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASST. TREASURER

Telephone number: 610-458-2609

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.

COMMERCE BANK/PENNSYLVANIA, NA

Mailing Address 2005 MARKET STREET

Philadelphia PA 19 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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PREPARER

2-1-05
DATE PREPARED

(5/2004)