PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Computer Sciences Corporation PAC 3170 Fairview Park Dr. ADDRESS (number and street) (Check if address is changed) Falls Church 22042 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cscpac@csc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2014 C00101410 FEC IDENTIFICATION NUMBER > 3. X 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. Mr. John Kavanaugh Type or Print Name of Treasurer Mr. John Kavanaugh [Electronically Filed] 04 02 2014 Signature of Treasurer Date 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 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	EC <b>Fo</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE	
	didate	e Committee:	
(a)	Н	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	<u>Ц</u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State
			District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		· · ·	Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
		X 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fund	draising 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	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

		_				
FEC Form 1 (Re		Page <b>3</b>				
	Sciences Corporation PAC					
· · · · · · · · · · · · · · · · · · ·	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	AC Sponsor				
Computer Science	ces Corporation	1 1 1 1 1				
	3170 Fairview Park Dr.					
Mailing Address						
	Falls Church VA 22042	]-[				
	CITY STATE ZIP C	ODE				
Relationship: X Cor	onnected Organization Affiliated Committee Joint Fundraising Representative Leadersh	iip PAC Sponsor				
7. Custodian of Record books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	s. Elizabeth Forsee					
Full Name	3170 Fairview Park Dr.					
Mailing Address						
	Falls Church VA 22042	]				
Title or Position	CITY STATE ZIP C	ODE				
Senior Manager	Telephone number 703 - 641	3402				
	ame and address (phone number optional) of the treasurer of the committee; and the name and (e.g., assistant treasurer).	d address of				
Full Name Mr. of Treasurer	. John Kavanaugh					
Mailing Address	3170 Fariview Park Dr.					
	Falls Church VA   22042	-  <sub>     </sub>				
	CITY STATE ZIP C	ODE				
Title or Position NPS Chief Financial	703   641	-  2246				

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Thomas Colan	
Mailing Address	3170 Fairview Park Dr.	
	Falls Church VA 22042  CITY STATE	ZIP CODE
Title or Position VP and Controller	Telephone number 703	641   -   2067
. Banks or Other D	Depositories: List all banks or other depositories in which the committee deposits funds, hold	ds accounts, rents
safety deposit boxe Name of Bank, De	epository, etc.	
safety deposit boxe Name of Bank, De		
safety deposit boxe Name of Bank, De	epository, etc.  Wells Fargo Bank, N.A.	
safety deposit boxe Name of Bank, De	epository, etc.  Wells Fargo Bank, N.A.	
safety deposit boxe Name of Bank, De	Wells Fargo Bank, N.A.  P.O. Box 63020	ZIP CODE
safety deposit boxe Name of Bank, De	Wells Fargo Bank, N.A.  P.O. Box 63020  San Francisco  CA 94163  CITY  STATE	ZIP CODE
safety deposit boxe Name of Bank, De	Wells Fargo Bank, N.A.  P.O. Box 63020  San Francisco  CA 94163  CITY  STATE	ZIP CODE
safety deposit boxe Name of Bank, De	P.O. Box 63020  San Francisco  CITY  STATE  Pository, etc.	ZIP CODE
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	P.O. Box 63020  San Francisco  CITY  STATE  Pository, etc.	ZIP CODE
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	P.O. Box 63020  San Francisco  CITY  STATE  Pository, etc.	ZIP CODE

**1mage# 14960604814** PAGE 5 / 5

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

To update for appointment new Treasurer.

Form/Schedule: Transaction ID: