Image# 11953024816 PAGE 1 / 4

| FEC FORM 1 | | _ | TATEN RGAN | | | = | | | | | | | | | | |
|-------------------------|--------------|-----------|-----------------------|----------|--------------------|------------------------|------------|-----------------|---------|--------|----------|--------------|------|-------|--------|-----|
| | | | | | | | | | | | Offic | e Use C | nly | | | _ |
| NAME OF COMMITTEE (in | n full) | , | Check if nam changed) | | Exampl over the | e:If typir e lines. | ng, type | • | 12F | E4M! | 5 | | | | | |
| SVB Finan | icial G | roup | PAC | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| ADDRESS (number a | nd street) | 3005 Tas | sman Dr | | | | | | | | | | | | | |
| (Check if a | ddress | | | | | | | | | | | | | | | |
| is changed) | | Santa C | ara | | | | | | CA | | 95054 | 1 | | | | |
| | | | | CIT | Υ | | | | STATE | Ē | | ZIF | COE | DΕ | | |
| COMMITTEE'S E-MA | IL ADDRES | | | one e-ma | il addre | ss) | | | | | | | | | | |
| | | KGilbau | gh@svb.com | | | | | | | | | | | | | |
| (Check if is change | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| COMMITTEE'S WEB | PAGE ADD | RESS (UF | ₹L) | | | | | | | | | | | | | |
| (Check if | | | | | | | | | | | | | | | | |
| is change | d) | | | | | | | | | | | | | | | |
| 2. DATE 1. | M / D 30 | D / Y | 2011 | | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER | C | ; C003 | 33658 | | | | | | | | | | | |
| 4. IS THIS STATE | MENT X | NEW | (N) O | R | | AMEN | DED (A | A) | | | | | | | | |
| I certify that I have e | examined the | s Stateme | nt and to the | best of | my kno | wledge a | and beli | ief it i | s true, | correc | ct and c | omple | te. | | | |
| Type or Print Name | of Treasurer | Kristi Gi | baugh | | | | | | | | | | | | | |
| Signature of Treasure | Kristi G | lbaugh | | | [E | lectronica | ılly Filed | d] _[| Date | 11 | M / | 30 | / | 2 | 011 | Υ |
| NOTE: Submission of | | | omplete inform | - | • | | - | - | | | | enalties | of 2 | U.S.C | S. §43 | 7g. |
| Office | | | | | For | further i | nformati | ion cor | ntact: | | ——— F | EC I | FOF | —— | 1 | |

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

| | EEC Ea | rm 1 (Pavisad 02/2000) | Page 2 |
|-------------|-----------------------|---|--|
| | | rm 1 (Revised 02/2009) OMMITTEE | raye Z |
| Car | ndidate | 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 principal campaign committee. (Cominformation below.) | plete the candidate |
| Nam Can | e of didate | | |
| | didate y Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | \times | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected 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 so committee. (i.e., nonconnected committee) | egregated 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 | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo 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. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revised 0 | | Page 3 |
|--|--|----------------------------|
| Write or Type Committee Name | | |
| SVB Financial C | Froup PAC | |
| 6. Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| Silicon Valley Bank | | |
| | | |
| Mailing Address | 3005 Tasman Dr | |
| | Santa Clara CA 95 | 0054 |
| | CITY STATE | ZIP CODE |
| Relationship: X Connected | Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Identification books and records. | tify by name, address (phone number optional) and position of the person | in possession of committee |
| Kristi Gilba | ugh | |
| Full Name Mailing Address | 3005 Tasman Dr | |
| Walling Address | | |
| | Santa Clara CA 95 | 5054 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 408 | _ 654 _ 7215 |
| Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and to ssistant treasurer). | the name and address of |
| Full Name Kristi Gilbat | ngh | |
| Mailing Address | 3005 Tasman Dr | |
| | | |
| | Santa Clara CA 95 | 6054 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 408 | - 654 - 7215 |

| | n 1 (Revised 02/2009) | Page 4 |
|-------------------------------------|--|---------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| Walling / Radioss | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| | oxes or maintains funds. Depository, etc. | |
| Name of Bank, I | | |
| | Depository, etc. Silicon Valley Bank | |
| Name of Bank, I | Depository, etc. Silicon Valley Bank | |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive | ZIP CODE |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive Santa Clara CITY STATE | |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive Santa Clara CITY STATE | |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive Santa Clara CITY STATE | |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive Santa Clara CITY STATE | |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive Santa Clara CITY STATE | |
| Name of Bank, I | Silicon Valley Bank 3005 Tasman Drive Santa Clara CITY STATE | |