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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ANALYTICAL GRAPHICS INC PAC (AGI PAC) 220 Valley Creek Blvd. ADDRESS (number and street) (Check if address is changed) Exton 19341 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS louise@agi.com (Check if address is changed) Optional Second E-Mail Address louise@agi.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2005 C00370023 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. Moffett, Louise, B,, Type or Print Name of Treasurer Moffett, Louise, B,, [Electronically Filed] 01 2019 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

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TYPE OF COM				
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.			
	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		
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Comm	ittee: (National, State	(Democratic,		
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party		
Political Acti	on Committee (PAC):			
(e) x T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is		
	Corporation Corporation w/o Capital Stock	Labor Organization		
[Membership Organization Trade Association	Cooperative		
	In addition, this committee is a Lobbyist/Registrant PAC.			
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (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.)			
Joint Fundrai	sing Representative:			
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political		
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.			
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
Commit	tees Participating in Joint Fundraiser			
1	FEC ID number			
2	FEC ID number			
3				
4.				

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Write or Type Committee Nan			. 494
	GRAPHICS INC PAC	(AGI PAC)	
	Organization, Affiliated Committee, Joint	,	or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number o	ptional) and position of the per	rson in possession of committee
Moffett, I	Louise, B, ,		
	220 Valley Creek Blvd		
Mailing Address			
	Exton	, PA	19341
Title or Position	CITY	STATE	ZIP CODE
Accounts Payable Mgr		Telephone number 61	0 981 8056
3. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the assistant treasurer).	e treasurer of the committee; a	and the name and address of
	Louise, B, ,		1
of Treasurer	220 Valley Creek Blvd		
Mailing Address	225 valiey Greek Divu		
	_		
	Exton	PA	19341
Title or Position Accounts Payable Mgr	CITY	STATE 61 Telephone number	ZIP CODE 0 981 - 8056
		. I spriend named	

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Full Name of Designated Agent	Broderick, William, J, ,	, , , , , , , , I				
Mailing Address	220 Valley Creek Blvd.					
	E					
	Exton PA 19341 CITY STATE	ZIP CODE				
Title or Position CFO		981 - 8056				
 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. 						
	T D Bank					
Mailing Address	991 S. Township Line Road					
	Royersford PA 19468					
	CITY STATE	ZIP CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE	ZIP CODE				