| FEC FORM 1 | | STATEMEI ORGANIZ | Office Use Only | PAGE 1 / 4 | | | |
|--|----------------|----------------------------|--|--|-------------------|--|--|
| 1. NAME OF COMMITTEE (ir | n full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | | | |
| Reliable Ro | botics | Corporation Pc | litical Action Com | mittee | | | |
| | | | | | | | |
| ADDRESS (number a | nd street) | 950 N Rengstorff Ave | | | | | |
| (Check if a is changed | | | | | | | |
| | | Mountain View CITY ▲ | | CA 94043 STATE ▲ ZIP 0 | | | |
| COMMITTEE'S E-MA | AIL ADDRES | S | | | | | |
| (Check if a is changed | | sobrien@reliable.co | | | | | |
| , j | | Optional Second E-Mail Ad | dress ÇO | | 1 | | |
| COMMITTEE'S WEB | address | RESS (URL) | | | | | |
| 2. DATE | 5 / D D | / Y Y Y Y Y Y 2023 | | | | | |
| 3. FEC IDENTIFIC | CATION NU | øber ► C c | 00841858 | | | | |
| 4. IS THIS STATEM | MENT | NEW (N) OR | AMENDED (A) | | | | |
| I certify that I have e | examined this | Statement and to the best | of my knowledge and belief it is | s true, correct and complete. | | | |
| Type or Print Name | of Treasurer | O'Brien, Scott, , , | | | | | |
| Signature of Treasure | er O'Brien | Scott, , , | [Electronically Filed] | Date 06 / 01 / | 2023 | | |
| NOTE: Submission of | false, erroneo | | may subject the person signing th TION SHOULD BE REPORTED W | | 52 U.S.C. §30109. | | |
| Office Use Only | | | For further information cor Federal Election Commissior Toll Free 800-424-9530 Local 202-694-1100 | | _ | | |

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|----------------|---|-----------------------------------|
| . TYPE C | OF COMMITTEE: | |
| Candio | date 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. (Compinformation below.) | plete the candidate |
| Name Candi | | |
| Candi Party | idate Office Affiliation Sought: House Senate Presiden | Statet District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam | ne of | |
| | | |
| (d) | This committee is a | nocratic, ublican, etc.) Party |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | onnected organization is a: |
| | Corporation Corporation w/o Capital Stock | abor Organization |
| | Membership Organization | 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 second committee. (i.e., nonconnected committee) | gregated 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.) | |
| (g) | This committee is an independent expenditure-only political committee (Super PAC). | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (h) | This committee is a political committee with both contribution and non-contribution accounts (Hy | ybrid PAC). |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

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|------------------------------|--------|
| Write or Type Committee Name | |

Reliable Robotics Corporation Political Action Committee

| 6. | Name of Any Connected Or Reliable Robotics Co | • | Com | nmit | ttee | , J | oin | t F | un | dra | isiı | ng | Re | pre | se | nta | tive | e, o | r L | ead | der | shi | ρF | PAC | Sp | oon | sor | |
|----|--|----------------------|-------|------|------|------|-----|-----|----|-----|------|------|------|-----|----|-----|------|-------|-----|-----|-----|-----|-----|-------|-----|-----|-----|-------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | 950 N Rengstorff Ave | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mountain View | | | | | | | | | | | | | Ľ | | | | Ľ | 940 | 43 | | | | - [| | | |
| | | | CI | TY | | | | | | | | | | | ST | ATE | E 🔺 | | | | | ZI | Ρ | CO | DE | | | |
| | Relationship: X Connected | Organization Affilia | ted C | Drga | niza | atio | n | C | J | oin | t Fu | ındr | aisi | ing | Re | pre | ser | itati | ve | | | Lea | ade | ershi | рF | PAC | Sp | onsoi |

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

| O'Brien, S | cott, , , |
|---------------------|---|
| Full Name | |
| Mailing Address | 950 N Rengstorff Ave |
| | |
| | Mountain View CA 94043 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Secretary-Treasurer | Telephone number 703 - 819 - 4765 |

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 | O'Brien, Scott, , , |
|-------------------|--|
| of Treasurer | |
| Mailing Address | 950 N Rengstorff Ave |
| | |
| | Mountain View CA 94043 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | |
| Secretary-Treasu | rer Telephone number 703 819 4765 4765 |

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|-------------------------------------|------------------------|--------|
| Full Name of Designated Agent | Beacham, Amy, , , | |
| Mailing Address | 950 N Rengstorff Ave | |
| | | |
| | Mountain View CA 94043 | |
| | | CODE 🔺 |
| Title or Position | \checkmark | |
| Assistant Treasu | rer Telephone number | |

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.

| | Silicon Valley Bank | | |
|-----------------|---------------------|---------|------------|
| Mailing Address | 3003 Tasman Dr | | |
| | | | |
| | Santa Clara | | 4 |
| | CITY 🔺 | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE 🔺 | ZIP CODE |