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. Orano PAC 4747 Bethesda Avenue ADDRESS (number and street) **Suite 1001** (Check if address is changed) Bethesda 20814 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS alexander.hoppes@orano.group (Check if address X is changed) Optional Second E-Mail Address patricestormtaylor@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00630046 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Mifsud, Paul, , , Type or Print Name of Treasurer Mifsud, Paul, , , [Electronically Filed] 09 2020 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

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s 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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
`′ Ц	committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	I 02/2009)	Page 3
Write or Type Committee Nan		<u> </u>
Orano PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
Orano		
	4747 Bethesda Avenue	
Mailing Address	Suite 1001	
	Bethesda MD	20814
	CITY STAT	E ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponso
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	ne person in possession of committee
Taylor, ,	, Patrice,	
Full Name	260 Caldecott Lane #302	
Mailing Address		
	Oakland	, ,94618
	Canaliu	
Title or Position	CITY STATE	ZIP CODE
PAC Consultant	Telephone number	202 841 - 0058
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commi assistant treasurer).	ttee; and the name and address of
Full Name Mifsud, P	'aul, , ,	
Mailing Address	7135 Minstrel Way	
		21045
Title on Desition	CITY STATE	ZIP CODE
Title or Position , CFO		

FEC FOI	rm 1 (Revised 02/2009)	
Full Name of Designated Agent	French, Michael, , ,	
Mailing Address	4747 Bethesda Avenue	
Ü	Suite 1001	
	Bethesda MD 20814	. -
	CITY STATE Z	IP CODE
Title or Position VP Gov & Publ	1	
		accounts ronts
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.	accounts, rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds. Depository, etc.	accounts, rents
safety deposit b	boxes or maintains funds.	
safety deposit b	boxes or maintains funds. Depository, etc. Bank of America 17316 Wisconsin Avenue	accounts, rents
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 17316 Wisconsin Avenue	accounts, rents
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 17316 Wisconsin Avenue	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 7316 Wisconsin Avenue Bethesda MD 20814	IP CODE
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America 7316 Wisconsin Avenue Bethesda MD 20814	
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America 7316 Wisconsin Avenue Bethesda Bethesda CITY STATE Z	
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America 7316 Wisconsin Avenue Bethesda MD 20814 CITY STATE Z	
safety deposit b Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 7316 Wisconsin Avenue Bethesda MD 20814 CITY STATE Z	
safety deposit b Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 7316 Wisconsin Avenue Bethesda CITY STATE Z Depository, etc.	

: 97 'A = G7 9 @ G B9 C I 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:

This amendment updates the PAC address and email address.

Form/Schedule: Transaction ID: