PAGE 1 / 1

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL			
GE HealthCare Technologies Inc.			
(b) Number and Street Address			
600 14th St NW			2. FEC IDENTIFICATION NUMBER
Suite 900			C00830208
(c) City, State and ZIP Code			3. TYPE OF COMMITTEE (check one)
Washington	DC	20005	STATE PARTY

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on <u>12/16/2022</u> and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: General Electric Company Political Action Committee (GEPAC)

FEC Identification Number: C00024869

5. STATUS BY QUALIFICATION:

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

- (b) **Contributors:** The committee received a contribution from its 51st contributor on:______.
- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: ______.
- (d) Qualification: The committee met the above requirements on: ______.

I certify that	l have exam	ined this Stat	ement and to	the best of my knowledge and belief it is tru	ue, correct and complete.	
TYPE OR PRINT NAME OF TREASURER			JRER	SIGNATURE OF TREASURER	[Electronically Filed]	DATE
Duncan, M	onica, , ,			Duncan, Monica, , ,		01/25/2023
NOTE: Subi	mission of fals			te information may subject the person signin I INFORMATION SHOULD BE REPORTED		alties of 2 U.S.C. §437g.
				For further information contact: Federal Election Commission, Washington, Toll-free 800-424-9530 Local 202-694-1100	, DC 20463	FEC FORM 1M (Revised 1/2001)