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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. BSA | The Software Alliance PAC 20 F Street NW Suite 800 ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address X is changed) Optional Second E-Mail Address ∣craiga@bsa.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2018 C00416685 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. Albright, Craig, , , Type or Print Name of Treasurer Albright, Craig, , , [Electronically Filed] 30 2018 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 <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
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) <b>x</b>	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.		

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W/rit	te or Type Committee Name				raye 3
	· · · · · · · · · · · · · · · · · · ·	ware Alliance PAC			
6. ľ	Name of Any Connected C	Organization, Affiliated Committee, Jo	int Fundraising Repres	sentative, or Leade	rship PAC Sponsor
BS	A   The Software Al	liance			
N	Mailing Address	20 F Street NW Suite 800			
		Washington CITY		DC 20001 STATE	ZIP CODE
R	Relationship: <b>x</b> Connected	d Organization Affiliated Committee	Joint Fundraising R	Representative L	eadership PAC Sponsor
	Custodian of Records: Ider ooks and records.	ntify by name, address (phone number	optional) and position	n of the person in p	ossession of committee
	Albright, C	raig, , ,			1
F	ull Name	,20 F Street NW Suite 800			
N	Mailing Address				
		Washington		DC 20001	
Т	itle or Position	CITY	S	STATE	ZIP CODE
L	Custodian of Records		Telephone numb	er	530 5136
	reasurer: List the name and ny designated agent (e.g., a	d address (phone number optional) o assistant treasurer).	of the treasurer of the c	committee; and the r	name and address of
	ull Name Albright, C	raig, , ,			<b>.</b>
	lailing Address	20 F Street NW Suite 800			
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
		Washington		DC    20001	
		CITY	S	STATE	ZIP CODE
	itle or Position Treasurer		Telephone numbe	er	530 - 5136
4					

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
Banks or Other Depo safety deposit boxes of Name of Bank, Deposi		, noias accounts, rents
safety deposit boxes of Name of Bank, Deposit	ells Fargo	noids accounts, rents
safety deposit boxes of Name of Bank, Deposition	ells Fargo	
safety deposit boxes of Name of Bank, Deposition	ells Fargo	
safety deposit boxes of Name of Bank, Deposition	cor maintains funds.  Silory, etc.  Pells Fargo  1919 M Street NW  Washington  CITY  STATE	0036
safety deposit boxes of Name of Bank, Deposit Mailing Address	cor maintains funds.  Silory, etc.  Pells Fargo  1919 M Street NW  Washington  CITY  STATE	0036
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	cor maintains funds.  Silory, etc.  Pells Fargo  1919 M Street NW  Washington  CITY  STATE	0036
safety deposit boxes of Name of Bank, Deposit Mailing Address	cor maintains funds.  Silory, etc.  Pells Fargo  1919 M Street NW  Washington  CITY  STATE	0036
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	cor maintains funds.  Silory, etc.  Pells Fargo  1919 M Street NW  Washington  CITY  STATE	0036
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	cor maintains funds.  Silory, etc.  Pells Fargo  1919 M Street NW  Washington  CITY  STATE	0036

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This amendment is being filed to disclose an additional PAC email address and remove the Assistant Treasurer. Please update your records accordingly.

Form/Schedule: Transaction ID: