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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. Engility Corporation - TASC PAC 4803 Stonecroft Blvd. ADDRESS (number and street) (Check if address is changed) Chantilly 20151 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Patrick.J.McGee@saic.com (Check if address is changed) Optional Second E-Mail Address Mary.Elizabeth.L.Mickens@saic.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2019 C00362582 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. McGee, Patrick, J., Mr., Type or Print Name of Treasurer McGee, Patrick, J., Mr., [Electronically Filed] 01 25 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Damas and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		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 scommittee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised		Page	e 3
Write or Type Committee Nam			
	ration - TASC PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC S	Sponsor
Engility Corporation			
Mailing Address	4803 Stonecroft Blvd		
Mailing Address			
	Chantilly	VA 20151	
	CITY	STATE ZIP COD	Ε
Relationship: x Connected	ed Organization Affiliated Committee Joint Fu	undraising Representative Leadership P	PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) a	and position of the person in possession o	of committee
	Mary Elizabeth, L., Mrs.,		1
Full Name	,4803 Stonecroft Blvd.		
Mailing Address			
	Chantilly	VA 20151 - [
Title or Position	CITY	STATE ZIP CODE	E
Treasury Admin	Teleph	shone number 540 - 226	2720
3. Treasurer : List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasur assistant treasurer).	erer of the committee; and the name and a	ddress of
Full Name McGee, F	Patrick, J., Mr.,		
of Treasurer			
Mailing Address	12010 Sunset Hills Road		
	Reston	VA 20190	
Title on Desiries	CITY	STATE ZIP CODE	
Title or Position Treasurer		hone number 703 - 676	7141

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Full Name of Designated Agent	Bakke, Bruce, D., Mr.,	
Mailing Address	151 Lafayette Drive	
	Oak Ridge TN 37831 CITY STATE Z	ZIP CODE
Title or Position Assistant Treasu	rer 	25 - 5667
D. Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds axes or maintains funds. Depository, etc.	accounts, rents
	Bank of America	
Mailing Address	100 Federal Street	
	Boston MA 02110	
	CITY STATE Z	ZIP CODE
Name of Bank, D	pepository, etc.	
Mailing Address		
	CITY STATE Z	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

Engility Corporation is amending the Statement of Organization to reflect its acquisition of the prior connected organization, Dynamics Research Corporation. The separate segregated fund will continue to exist with Engility Corporation as the connected organization.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h). Joint Fundraising Participant: C FEC ID number C FEC ID number C FEC ID number C FEC ID number Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE 12010 SUNSET HILLS ROAD Mailing Address 20190 **RESTON** Relationship: ZIP CODE A CITY A STATE A * Affiliated Committee Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name Mailing Address ZIP CODE A CITY A STATE A TITLE OR POSITION ▼ Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address

CITY A

STATE A

ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund ons International Corporation	iraising Hepresentative	e, or Leadership PAC Spon
Mailing Address	12010 Sunset Hills Road		
	Reston	, VA	20190
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
X Connected	d Organization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number - optional)		
esignated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE State	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank,	CITY A cries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposit boxes or material deposit boxes are also after the second sec	CITY A cries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition are of Bank,	CITY A cries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor defety deposit boxes or mail depository, etc.	CITY A cries: List all banks or other depositories in which	elephone Number	