PAGE 1/7 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ULLICO INC. POLITICAL ACTION COMMITTEE (ULLIPAC) 1625 EYE ST NW ADDRESS (number and street) (Check if address is changed) WASHINGTON 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ullipac@ullico.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00236760 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. Barra, David, , , Type or Print Name of Treasurer Barra, David,,, [Electronically Filed] 06 13 2017 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) Only

Toll Free 800-424-9530 Local 202-694-1100

FEC Fo	<b>orm 1</b> (Revised 02/2009)	Page <b>2</b>
	COMMITTEE  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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name			
ULLICO INC. P	OLITICAL ACTION COMMITT	EE (ULLIPAC	<u>C)</u>
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadershi	p PAC Sponsor
Ullico Inc.			
Mailing Address	1625 Eye Street NW		
	Washington	DC 20006	
	CITY	STATE Z	IP CODE
Relationship: x Connecte	d Organization	Representative Lead	ership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and posit	ion of the person in posse	ession of committee
Fried, Ada	m, M, ,		
Mailing Address	308 Willow Oak Circle		
	Pikesville	MD 21208	
Title or Position	CITY	STATE ZI	IP CODE
ASSISTANT TREASURER		nber 202 - 35	54 - 8062
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name	e and address of
Full Name Barra, Dav	id, , ,		
Mailing Address	523 Bellvue Place		
	Alexandria	VA 22314 STATE ZI	P CODE
Title or Position		000	0.400

Telephone number

FEC Form	<b>1 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Smith, Edward, , ,	
Agent	GAA Vingo Claister Circle	
Mailing Address	614 Kings Cloister Circle	
	Alexandria VA 22302	
	CITY STATE	ZIP CODE
Title or Position CHAIRMAN		682   -   6624
Name of Bank, I  Mailing Address	United Bank	
aming Addition		
	Washington DC 20001	
	CITY STATE	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraising	I	FEC ID number	
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected Or	ganization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y name, address (phone number - optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Gasque, Da Full Name	y name, address (phone number - optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Gasque, Da	y name, address (phone number – optional) mon, , ,	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Gasque, Da Full Name	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive		
esignated Agent: Identify b Gasque, Da Full Name	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City	MD	21043
esignated Agent: Identify b Gasque, Da Full Name	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City  CITY	MD STATE ▲	
esignated Agent: Identify b Gasque, Da Full Name	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City  CITY	STATE A	ZIP CODE <b>A</b> 202  - 682  - 46
esignated Agent: Identify b Gasque, Da Full Name  Mailing Address  TITLE OR POSITION ▼ Designated Agent  Agent  Designated Agent  Agent  Designated Agent	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City  CITY   S: List all banks or other depositories in which	STATE A	ZIP CODE <b>A</b> 202  - 682  - 46
esignated Agent: Identify b Gasque, Da Full Name  Mailing Address  TITLE OR POSITION ▼ Designated Agent  anks or Other Depositorie afety deposit boxes or maint	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City  CITY   S: List all banks or other depositories in which	STATE A	ZIP CODE <b>A</b> 202  - 682  - 46
esignated Agent: Identify b Gasque, Da Full Name  Mailing Address  TITLE OR POSITION ▼ Designated Agent  anks or Other Depositorie afety deposit boxes or maint	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City  CITY   S: List all banks or other depositories in which	STATE A	ZIP CODE <b>A</b> 202  - 682  - 46
Gasque, Da Full Name  Mailing Address  TITLE OR POSITION  Designated Agent  anks or Other Depositorie affety deposit boxes or maint ame of Bank, epository, etc.	y name, address (phone number – optional) mon, , ,  5341 Ambrosia Drive  Ellicott City  CITY   S: List all banks or other depositories in which	STATE A	ZIP CODE <b>A</b> 202  - 682  - 46

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraising	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	[C]
ame of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	by name, address (phone number - optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify be Barra, Davi	by name, address (phone number - optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify I	oy name, address (phone number – optional) d, , ,	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify I Barra, Davi Full Name	by name, address (phone number – optional) d, , ,  523 Bellvue Place		
esignated Agent: Identify I Barra, Davi Full Name	oy name, address (phone number – optional) d, , ,  523 Bellvue Place Alexandria	VA	22314
esignated Agent: Identify Barra, Davi Full Name Mailing Address	oy name, address (phone number – optional) d, , ,  523 Bellvue Place Alexandria	VA STATE A	22314 ZIP CODE <b>A</b>
esignated Agent: Identify b Barra, Davi Full Name Mailing Address	oy name, address (phone number – optional) d, , ,  523 Bellvue Place  Alexandria  CITY	VA STATE A	22314
Barra, Davi Full Name	oy name, address (phone number – optional) d, , ,  523 Bellvue Place  Alexandria  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
Barra, Davi Full Name	oy name, address (phone number – optional) d, , ,  523 Bellvue Place  Alexandria  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
Barra, Davi Full Name  Mailing Address  TITLE OR POSITION TREASURER Anks or Other Depositoric fety deposit boxes or main	oy name, address (phone number – optional) d, , ,  523 Bellvue Place  Alexandria  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
Barra, Davi Full Name	oy name, address (phone number – optional) d, , ,  523 Bellvue Place  Alexandria  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
Barra, Davi Full Name  Mailing Address  TITLE OR POSITION TREASURER  anks or Other Depositorie affety deposit boxes or main ame of Bank, epository, etc.	oy name, address (phone number – optional) d, , ,  523 Bellvue Place  Alexandria  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	22314 ZIP CODE <b>A</b>

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

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h). <b>Joint Fundraising</b>	Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	С
4.		FEC	ID number	С
ame of Any Connected C	rganization, Affiliated Committee	Joint Fundraising I	Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee		sing Represent	ative Leadership PAC S
esignated Agent: Identify Fried, Adai	by name, address (phone number on, M, ,		sing Represent	ative Leadership PAC S
esignated Agent: Identify Fried, Ada	by name, address (phone number		sing Represent	ative Leadership PAC S
esignated Agent: Identify Fried, Adai	by name, address (phone number on, M, ,  308 Willow Oak Circle			
esignated Agent: Identify Fried, Adai	oy name, address (phone number on, M, ,  308 Willow Oak Circle  Pikesville		MD	21208
esignated Agent: Identify Fried, Adar Full Name Mailing Address	by name, address (phone number on, M, ,  308 Willow Oak Circle  Pikesville	- optional)	MD STATE A	21208 ZIP CODE ▲
esignated Agent: Identify Fried, Adar Full Name  Mailing Address	by name, address (phone number on, M, ,  308 Willow Oak Circle  Pikesville	- optional)	MD STATE A	21208
esignated Agent: Identify Fried, Adar Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositorialety deposit boxes or main	oy name, address (phone number on, M, ,  308 Willow Oak Circle  Pikesville  CITY   CITY   es: List all banks or other deposito	- optional)  Telephone	MD STATE A	21208 ZIP CODE <b>A</b>
esignated Agent: Identify Fried, Adar Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer anks or Other Depositorion afety deposit boxes or main ame of Bank, epository, etc.	oy name, address (phone number on, M, ,  308 Willow Oak Circle  Pikesville  CITY   CITY   es: List all banks or other deposito	- optional)  Telephone	MD STATE A	21208 ZIP CODE <b>A</b>
esignated Agent: Identify Fried, Adar Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositoricatety deposit boxes or main	oy name, address (phone number on, M, ,  308 Willow Oak Circle  Pikesville  CITY   CITY   es: List all banks or other deposito	- optional)  Telephone	MD STATE A	21208 ZIP CODE <b>A</b>
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