Image# 2018040591024940	85			04/05/2018 10 : 54
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 6 —
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
CSRA Inc. PA	С			
ADDRESS (number and stre	3170 Fairview Park Dr.			
(Check if addrest is changed)				
	Falls Church		VA 220 STATE ▲	42 −
COMMITTEE'S E-MAIL AD	DRESS			
(Check if addres is changed)	s csrapac@csra.com			
	Optional Second E-Mail Ad	dress ra.com		
COMMITTEE'S WEB PAGE (Check if address is changed)		1 1 1 1 1 1 1 1 1		
2. DATE 04	04 / Y Y Y Y 04 2018			
3. FEC IDENTIFICATIO		00101410		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best	of my knowledge and belief it	t is true, correct and	complete.
Type or Print Name of Trea	asurer Libby, Kevin, , Mr.,			
Signature of Treasurer	Libby, Kevin, , Mr.,	[Electronically Filed]	Date 04	04 / Y Y Y Y 04 2018
NOTE: Submission of false,	erroneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.

	Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)	
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FEC Form 1 (Revised 02/2009) Page 2 5. TYPE OF COMMITTEE Candidate Committee:	2
Candidate 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. (Complete the cand information below.)	idate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President District	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of         Candidate	
Party Committee:	
(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, et	c.) Part
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organiz	ation is
Corporation Corporation w/o Capital Stock	ization
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 segregated fund committee. (i.e., nonconnected committee)	or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, none of which is an authorized committee of a federal candidate.	ical
Committees Participating in Joint Fundraiser	
1 FEC ID number	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

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Page 3

Write or Type Committee Name

## CSRA Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	SRA Inc.											
	Mailing Address	3170 Fairview Park (	Ct.									
		Falls Church					VA 220	42 				
			CITY				STATE	ZIP CODE				
	Relationship: <b>x</b> Connecte	d Organization	iliated Comm	ittee	Joint Fu	ndraising I	Representative	Leadership PAC Sponsor				
7.	<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.</li> </ol>											
	Forsee, F	lizabeth. Ms.										

Full Name	
Mailing Address	3170 Fairview Park Dr.
	Falls Church         VA         22042           -         -         -         -
Title or Position	CITY STATE ZIP CODE
Senior Manager	Telephone number     703     207     6102

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Libby, Kevin, , Mr.,
Mailing Address	3170 Fariview Park Dr.
	Falls Church         VA         22042         -
	CITY STATE ZIP CODE
Title or Position VP, Finance	Telephone number     703     641     2355

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Diaddigo, Joe, , ,
Mailing Address	3170 Fairview Park Dr.
	Falls Church       VA       22042         Image: Image of the second secon
	CITY STATE ZIP CODE
Title or Position Director, Financ	Telephone number     703     -     641     -     2476

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Wells Fargo Bank, N.A.	
Mailing Address	P.O. Box 63020	
	San Francisco	CA 94163
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

To add affiliated PAC (GDC PAC-C00078451)after acquisition.

Form/Schedule: Transaction ID:

		0
FEC Form	1S (Revised 02/2017)	f

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

5(g) or (	,	Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number
6. <b>N</b>	-	Organization, Affiliated Committee, Joint Fundrais Corporation Political Action Committe	sing Representative, or Leadership PAC Sponsor
	Mailing Address	2941 Fairview Park Dr.	
		Falls Church	VA 22042
	Relationshin:		
	Relationship:	CITY A	STATE A ZIP CODE A
			STATE  ZIP CODE
	Connected esignated Agent: Identify		
– 8. D	Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee Joint Fu	
– 8. D	Connected esignated Agent: Identify	Organization X Affiliated Committee Joint Fu	
– 8. D	Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee Joint Fu	
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– 8. D	Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Joint Fu	
– 8. D	Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated Committee Joint Fu	undraising Representative       Leadership PAC Sponsor

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
	L																					
																				- L		
					C	Π	( 🔺					S	TAT	Έ			ZIP	C	OD	E		