FEC FORM 1	STATEMEI ORGANIZ	-	Office Use 0	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Ericsson Inc. U.	S. Employees Po	litical Action Com	nmittee ('Ericsso	on PAC')
	1776 I Street NW			
ADDRESS (number and street)	Suite 240			
is changed)	Washington U U U U U U U U U U U U U U U U U U U		DC 20006-3703 STATE ▲ 2	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	ericsson.pac.mailbox@	⊉ericsson.com		
	Optional Second E-Mail Ad	^{dress} le.com		1
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 06	19 / Y Y Y Y 2023			
3. FEC IDENTIFICATION	NUMBER ► C c	00568410		
4. 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 complet	te.
Type or Print Name of Treasu	rer Holick, William, , ,			
Signature of Treasurer	lick, William, , ,	[Electronically Filed]	Date 06 / 20	/ Y Y Y Y 2023
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing t TION SHOULD BE REPORTED		of 52 U.S.C. §30109
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FORM 1 ed 06/2012)

Image# 202306209582216066

06/20/2023 10 : 31

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TYPE OF COMMITTEE:	
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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presiden	State t District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party
Political Action Committee (PAC):	
(e) x This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund.	onnected organization is a:
Corporation Corporation w/o Capital Stock	_abor Organization
	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 second 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	ybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

(i)

(j)

1.	L														С				
2.	L														С				

	FEC Form 1 (Revised 0	2/2009)																			Pa	ge 3	\$	
W	Irite or Type Committee Name																							
	Ericsson Inc. U.	S. En	nploy	/ee	s P	olit	ica	ΙA	cti	on	С	on	nn	nit	te	е	('E	Eri	CS	SC	n	PA	١C	')
6.	Name of Any Connected Or Ericsson Inc.	rganizatio	on, Affil	iated	Com	mitte	e, Joi	nt Fi	undr	aisir	ng I	Repi	rese	enta	tive	e, o	r Le	ade	ərsh	ip I	PAC	Sp	onso	or
	Mailing Address	6300 Le	gacy Dr																					
		Plano											l	ТХ			7	502	4-36	;07 		- [_		

Relationship:	X Connected Organization	Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponsor

STATE **▲**

ZIP CODE 🔺

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CITY

Baffer, Barl	para, , ,
Full Name	
Mailing Address	6300 Legacy Dr
	L
	Plano
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 202 - 824 - 0117

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	Holick, William, , ,
of Treasurer	
Mailing Address	6100 Sprint Parkway
	Overland Park KS 66211-1150
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

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Full Name of Designated	Baffer, Barbara, , ,	_
Agent		
Mailing Address	6300 Legacy Dr	
	Plano TX 75024-3607	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position	▼	
Designated Agen	t Telephone number	

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.

Citiban	k, N.A.		
Mailing Address	One Penns Way		
	New Castle	DE 19720	
		STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, o	ətc.		
Mailing Address			
	CITY A	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 :

Amended to update Designated Agent and Custodian of Records

Form/Schedule: Transaction ID: