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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. NATIONAL COUNCIL OF INVESTIGATION AND SECURITY SERVICES INC POLITICAL ACTION COMMITTEE 7501 SPARROWS POINT BLVD ADDRESS (number and street) (Check if address is changed) BALTIMORE 21219 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tvermulm@permarsecurity.com (Check if address X is changed) Optional Second E-Mail Address brad.duffy@permarsecurity.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00482778 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. VerMulm, Tracy, , , Type or Print Name of Treasurer VerMulm, Tracy, , , [Electronically Filed] 04 2022 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

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

(Revised 06/2012)

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	i aye Z				
Can	ndidate	idate 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 candidate information below.)					
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.					
Nam Cand	e of didate						
Par	ty Con	Committee:					
(d)		(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 co	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 segregated committee. (i.e., nonconnected committee)					
		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	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(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.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name	9	
NATIONAL COUNCIL OF	FINVESTIGATION AND SECURITY SERVICES INC POLI	ITICAL ACTION COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
NATIONAL COUNCIL OF II	NVESTIGATION AND SECURITY SERVICES INC POLITICA  7501 SPARROWS POINT BLVD	L ACTION COMMITTEE
	BALTIMORE MD CITY STATE	21219 
Relationship: <b>x</b> Connected	d Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the	person in possession of committee
Full Name  Mailing Address	d, , , , 1910 E Kimberly Rd  Davenport  IA	52807
Title or Position	CITY STATE	ZIP CODE
President	Telephone number	563 - 441 - 7400
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committe assistant treasurer).	ee; and the name and address of
Full Name VerMulm, of Treasurer	Tracy, , , ,	
Mailing Address		
	Davenport IA STATE	52807   ZIP CODE
Title or Position Treasurer	Telephone number	563 - 441 - 7466

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Full Name of Designated Agent	Kintner, Amy, , ,					
Mailing Address	1910 E Kimberly Rd					
	Davenport IA 52807  CITY STATE ZIP	P CODE				
Title or Position Accountant		7400				
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.						
	US Bank					
Mailing Address	201 W 2nd St					
	Davenport IA 52801					
	CITY STATE ZIF	P CODE				
Name of Bank, [	Depository, etc.					
Mailing Address						
	CITY STATE ZIF	P CODE				