FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Tanium Inc. Federal Political Committee (a.k.a. Tanium PAC) 2100 Powell Street, 16th Floor ADDRESS (number and street) (Check if address is changed) Emeryville 94608 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address feccomm@bmhlaw.com is changed) Optional Second E-Mail Address TaniumPAC@tanium.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00683771 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. Type or Print Name of Treasurer Titus, Ashlee N.,, Date 04 15 2024 Signature of Treasurer Titus, Ashlee N., , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

EC Form	1 (Revised 03/2022)	Page 2
TYPE C	PF COMMITTEE:	
Candid	late 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 information below.)	the candidate
Name Candi		
Candio Party	date Office House Senate President	State CA District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotriot
Nam Can	ne of didate	
Party (Committee: (National Ctate (Pamae)	voti o
(d)	This committee is a (National, State or subordinate) committee of the Republic	can, etc.) Party
(f)		or Organization perative parative party
(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 (Hybric In addition, this committee is a Lobbyist/Registrant PAC.	I PAC).
Joint F	undraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j)	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.	C	

Treasurer

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	FEC Form 1 (Revised 0	2/2009)		Page 3
V	Vrite or Type Committee Name		. – . –	
	Tanium Inc. Fed	eral Political Committee (a	ı.k.a. Tanium PAC)	
6.	-	rganization, Affiliated Committee, Joint Fu	ndraising Representative, or Lead	ership PAC Sponsor
	Tanium Inc.			
	Mailing Address	2100 Powell Street 16th Floor		
		Emeryville	CA9460	8
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optiona	al) and position of the person in posse	ession of committee
	Titus, Ashle	ee N., , ,		
	Full Name			
	Mailing Address	455 Capitol Mall Suite 600		
		Sacramento	CA 9581	4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number 916 -	442 - 7757
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee; and the	name and address of
	Full Name Titus, Ashle of Treasurer	ee N., , ,		
	Mailing Address	455 Capitol Mall, Suite 600		
		Sacramento	CA 9581	4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

442

7757

916

Telephone number

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Hiltachk, Agent Lilian	Thomas W., , ,		
Mailing Address	455 Capitol Mall Suite 600		
	Sacramento	CA	95814
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		Telephone number	016
Banks or Other Depositori safety deposit boxes or mai	ies: List all banks or other depositories in ntains funds.	which the committee deposits f	funds, holds accounts, rents
Name of Bank, Depository,	etc.		
Californ	ia Bank & Trust		
Mailing Address	550 South Hope Street, Suite 100		
	Los Angeles	CA L	90071
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisin	g Participant:				
1.			FEC II) number	С
2.			FEC II) number	С
3.			FEC II) number	С
4.			 FEC II) number	С
ame of Any Connected	Organization, Affiliate	ed Committee, Joint I	Fundraising Rep	oresentative	e, or Leadership PAC Spo
Mailing Address					
Relationship:		CITY ▲		STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (p	hone number – option	Joint Fundraising	g Hepresenta	tive Leadership PAC S
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esignated Agent: Identify Syed, Sa Full Name	by name, address (p	hone number – option		g Hepresenta	Leadership PAC s
esignated Agent: Identify Syed, Sa Full Name	by name, address (pmeer, , , 3550 Carillon Point Kirkland	hone number – option	al)		
esignated Agent: Identify Syed, Sa Full Name Mailing Address	by name, address (pmeer, , , 3550 Carillon Point Kirkland	hone number — option	al)	WA STATE A	98033
Syed, Sa Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	by name, address (pmeer, , , 3550 Carillon Point Kirkland V iies: List all banks or	hone number – option	al) Telephone N	WA STATE A umber	98033 ZIP CODE ▲
Syed, Sa Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or ma	by name, address (pmeer, , , 3550 Carillon Point Kirkland V iies: List all banks or	hone number – option	al) Telephone N	WA STATE A umber	98033 ZIP CODE ▲ 510 – 704 – 0
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:					
1.			FEC II	O number	C	
2.			FEC II	O number	С	
3.			FEC II	O number	С	
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ame of Any Connected	l Organization, Affilia	ted Committee, Joint	Fundraising Re	presentative	e, or Leadersh	ip PAC Spons
Mailing Address						
Relationship:		CITY A		STATE A	Z	IP CODE ▲
Connecte	fy by name, address	Affiliated Committee	Joint Fundraisin	g Representa	Lead	dership PAC Sp
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esignated Agent: Identi Streetm Full Name	fy by name, address (an, Chairman, Dan, , ,	(phone number – option		g Representa	Lead	dership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig Farticipant.					
1.			FEC II	0 number	С	
2.			FEC II	0 number	С	
3.			FEC II	0 number	С	
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ame of Any Connected	Organization, Affilia	ited Committee, Joint	Fundraising Re	oresentative	e, or Leadership P	AC Spons
Mailing Address						
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Relationship:		CITY A		STATE ▲	ZIP C	ODE 🛦
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esignated Agent: Identi Evans, Full Name	fy by name, address (Secretary, Russell, , ,	(phone number – option		g Representa	Leadersh	nip PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:			
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2.			FEC ID number	C
3.		1	FEC ID number	С
4.			FEC ID number	C
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Mailing Address				
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraising	Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3			FEC ID number	C
4.			FEC ID number	C
Name of Any Connected C	organization, Affiliated Com	mittee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponso
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Mailing Address				
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
	by name, address (phone no	ımber – optional)	undraising Represent	
	by name, address (phone not be provided by particular to the committee, Dan, , and the committee of the comm	ımber – optional)		
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Full Name Mailing Address TITLE OR POSITION POF	SEXECUTIVE Committee, Dan, , , , , , , , , , , , , , , , , , ,	umber – optional)	STATE A	ZIP CODE ▲ 510 - 704 - 020
Full Name Mailing Address TITLE OR POSITION POF Banks or Other Depositorical deposit boxes or main largety deposit boxes or main largety depository, etc.	SEXECUTIVE Committee, Dan, , , , , , , , , , , , , , , , , , ,	umber – optional)	STATE A	ZIP CODE ▲