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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Intalere, Inc. Political Action Committee 2 CityPlace Drive, Suite 400 ADDRESS (number and street) (Check if address is changed) St. Louis 63141 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS christal.bowen@intalere.com (Check if address is changed) Optional Second E-Mail Address steve.schoch@intalere.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00491555 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. Schoch, Steve, , , Type or Print Name of Treasurer Schoch, Steve,,, [Electronically Filed] 07 2021 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) Toll Free 800-424-9530 Only Local 202-694-1100

| -             | FC Fo              | rm 1 (Revised 02/2009)   | Page <b>2</b>                            |
|---------------|--------------------|--|--|
|               |                    | COMMITTEE  | 1 aye <b>2</b>                           |
| Can           | didate             | e Committee:   |  |
| (a)           | Ш                  | 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. (Cominformation below.)  | plete the candidate                      |
| Name<br>Cand  |                    |  |  |
| Cand<br>Party | idate<br>Affiliati | on Office Sought: House Senate President   | State                                    |
| (c)           |                    | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Name<br>Cand  |                    |  |  |
| Part          | y Con              | nmittee:   | /Dama austic                             |
| (d)           |                    | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party. |
| Polit         | tical A            | ction Committee (PAC):   |  |
| (e)           | ×                  | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor   | nnected organization is a                |
|               |                    | 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 secommittee. (i.e., nonconnected committee)   | egregated 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         | t Fund             | Iraising 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. | vo 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.         | vo or more political                     |
|               | Com                | mittees 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   |                               |
| Intalere, Inc. Political Action Committee  |                               |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh   | ip PAC Sponsor                |
| Intalere, Inc. Political Action Committee  2 CityPlace Drive, Suite 400  Mailing Address  St. Louis  CITY  STATE  Z  | ZIP CODE  dership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in poss books and records.  Reven Christel                  | session of committee          |
| Bowen, Christal, , ,  Full Name 2 CityPlace Drive  |                               |
| Mailing Address  Suite 400   |                               |
| St. Louis MO 63141   |                               |
| Title or Position CITY STATE Z   | ZIP CODE                      |
| HR Manager Telephone number  | 542   -   1986                |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). | ne and address of             |
| Full Name Schoch, Steve, , , of Treasurer  |                               |
| Suite 400  |                               |
| St. Louis MO 63141   |                               |
| Title or Position  | ZIP CODE                      |
| 050  | 42   1922                     |

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|---|-------------------|---------------------------|--------------------|
|   |                   |                           |                    |
| Full Name of Designated Agent Schoch, St                    | eve, , ,          |                           |                    |
| Mailing Address   | 2 CityPlace Drive |                           |                    |
|   | Suite 400         |                           |                    |
|   | St. Louis CITY    | MO 63141<br>STATE         | ZIP CODE           |
| Title or Position CFO                                       | Telephone nu      | mber 314                  | 542   -   1922     |
| safety deposit boxes or main<br>Name of Bank, Depository, e |                   | ttee deposits funds, hole | ds accounts, rents |
|   | St. Louis         | MO 63131                  |                    |
|   | CITY              | STATE                     | ZIP CODE           |
| Name of Bank, Depository, e                                 | tc.               |                           |                    |
|   |                   |                           |                    |
| Mailing Address   |                   |                           |                    |
|   |                   |                           |                    |
|   |                   |                           |                    |
|   | CITY              | STATE                     | ZIP CODE           |

FEC Form 1S (Revised 02/2017)

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

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| 1.  |   | FEC ID number         | C                          |
|---|---|-----------------------|----------------------------|
| 2   |   | FEC ID number         | C                          |
|   |   | FEC ID number         | С                          |
| 4.  |   |                       |                            |
| lame of Any Connected   | Organization, Affiliated Committee, Joint Fundra  | aising Representative | e, or Leadership PAC Spons |
| VIZIENT, INC., P  | OLITICAL ACTION COMMITTEE   |                       |                            |
| 1   |   |                       |                            |
|   |   |                       |                            |
| Mailing Address   | 799 9TH STREET, N.W.  |                       |                            |
|   | SUITE 210   |                       |                            |
|   | WASHINGTON  | DC                    | 20001                      |
| Relationship:   | CITY ▲  | STATE ▲               | ZIP CODE ▲                 |
| Connecte  | d Organization Affiliated Committee Joint   | Fundraising Represent | ative Leadership PAC Sp    |
|   | d Organization Affiliated Committee Joint  y by name, address (phone number – optional)                       | Fundraising Represent | ative Leadership PAC Sp    |
| esignated Agent: Identif  |   | Fundraising Represent | Leadership PAC Sp          |
| esignated Agent: Identif  |   | Fundraising Represent | Leadership PAC Sp          |
| esignated Agent: Identif  |   | Fundraising Represent | Leadership PAC Sp          |
| esignated Agent: Identif  Full Name  Mailing Address  | y by name, address (phone number – optional)  | Fundraising Represent | Leadership PAC Sp          |
| esignated Agent: Identif  | by by name, address (phone number – optional)  CITY   |                       |                            |
| esignated Agent: Identif  Full Name  Mailing Address  | by by name, address (phone number – optional)  CITY   | STATE A               |                            |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   Anks or Other Depositor                  | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   Anks or Other Depositor                  | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |
| esignated Agent: Identification Full Name   | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |