STATEMENT OF

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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. ANALYTICAL GRAPHICS INC PAC (AGI PAC) 220 Valley Creek Blvd. ADDRESS (number and street) (Check if address is changed) Exton 19341 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS valerie.hodgkin@ansys.com (Check if address is changed) Optional Second E-Mail Address |sue.carey@ansys.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00370023 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. Hodgkin, Valerie, , , Type or Print Name of Treasurer Hodgkin, Valerie,,, [Electronically Filed] 09 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

| FEC Form | 1 (Revised 02/2009) | Page 2 |
|--------------------------------|---|-------------------------|
| TYPE OF COM | | |
| (a) T | his committee is a principal campaign committee. (Complete the candidate information below. | |
| | his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliation | Office Sought: House Senate President | State |
| (c) T | his committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Comm | ittee: (National, State | (Democratic, |
| (d) T | his committee is a or subordinate) committee of the | Republican, etc.) Party |
| Political Acti | on Committee (PAC): | |
| (e) x T | his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected organization is |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| [| Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (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 Fundrai | sing Representative: | |
| _ | is committee collects contributions, pays fundraising expenses and disburses net proceeds for to | vo or more political |
| CC | ommittees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| | is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| Commit | tees Participating in Joint Fundraiser | |
| 1 | FEC ID number | |
| 2 | FEC ID number | |
| 3 | | |
| 4. | | |

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|----|--|---|----------------------------|
| V | Vrite or Type Committe | ee Name | |
| / | ANALYTICA | AL GRAPHICS INC PAC (AGI PAC) | |
| 6. | Name of Any Conn | ected Organization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| A | NALYTICAL GF | RAPHICS INC | . |
| L | Mailing Address | 220 VALLEY CREEK BLVD. | |
| | Walling Address | | |
| | | EXTON PA 193 | |
| | | CITY STATE | ZIP CODE |
| | Relationship: X Co | onnected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| | Custodian of Record books and records. | ds: Identify by name, address (phone number optional) and position of the person | in possession of committee |
| | I | odgkin, Valerie, , , | ı |
| | Full Name | ,220 VALLEY CREEK BLVD. | |
| | Mailing Address | | |
| | | | |
| | | EXTON PA 19 | 341 |
| | Title or Position | CITY STATE | ZIP CODE |
| | Senior AP Specialist | t 610 Telephone number | - 981 - 8110 |
| 3. | | ame and address (phone number optional) of the treasurer of the committee; and to the treasurer). | he name and address of |
| | Full Name Ho | odgkin, Valerie, , , | |
| | Mailing Address | 220 VALLEY CREEK BLVD. | |
| | - | | |
| | | EXTON PA 193 | 341 |
| | | CITY STATE | ZIP CODE |
| | Title or Position | , 610 , | 981 8110 |
| | | Telephone number | - [|

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|-------------------------------------|---|---------------|--|--|--|
| | | | | | |
| Full Name of Designated Agent | Carey, Sue, , , | | | | |
| Mailing Address | 220 Valley Creek Blvd. | | | | |
| | | | | | |
| | Exton PA 19341 CITY STATE ZI | P CODE | | | |
| Title or Position Controller | | 1 - 8228 | | | |
| safety deposit box | 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. | | | | |
| | TDBank | | | | |
| Mailing Address | 991 S. Township Line Road | | | | |
| | | | | | |
| | Royersford PA 19468 | | | | |
| | CITY STATE ZI | P CODE | | | |
| Name of Bank, D | epository, etc. | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | CITY STATE ZI | P CODE | | | |