Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) KCI Holdings Inc. Political Action Committee 936 Ridgebrook Rd ADDRESS (number and street) (Check if address is changed) Sparks 21152 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mhmakonnen@wms-jen.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2021 C00778019 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. Koski, Christine, , , Type or Print Name of Treasurer Koski, Christine,,, [Electronically Filed] 07 29 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

Local 202-694-1100

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>2</b>		
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) <b>x</b> 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.			
	(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.)			
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.				

FEC <b>Form 1</b> (Revise	ed 02/2009)		Page <b>3</b>
Write or Type Committee Na			. age 🐱
•	Inc. Political Action Comm	nittee	
	d Organization, Affiliated Committee, Joint Fund		dership PAC Sponsor
KCI Holdings Inc.	•		
	026 Ridgebrook Rd		
Mailing Address	936 Ridgebrook Rd		
	Sparks	MD 211	52
	CITY	STATE	ZIP CODE
Relationship: x Connec	cted Organization Affiliated Committee Joint	t Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: I books and records.</li> </ul>	dentify by name, address (phone number optional	al) and position of the person in	n possession of committee
Makoni Full Name	nen, Mahlet, H, ,		
	1201 Pennsylvania Ave., NW		
Mailing Address	Ste. 800		
	Washington	DC 200	004
Title or Position	CITY	STATE	ZIP CODE
		lephone number 202	- 659 - 8201
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the trea g., assistant treasurer).	asurer of the committee; and th	ne name and address of
	Christine, , ,		1
of Treasurer	936 Ridgebrook Rd		
Mailing Address			
	. Sparke		52
	Sparks CITY	MD 211 STATE	ZIP CODE
Title or Position Treasurer		lephone number	
1			1

FEC <b>For</b>	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		- 1
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		