STATEMENT OF

PAGE 1/5 =

| FORM 1 | | ORGANI | ZATIO | N | | |
|---------------------------|------------------|----------------------------|--------------|--|-----------------------|---------------------------------|
| | | | | | | Office Use Only |
| NAME OF COMMITTEE (ir | full) | (Check if name is changed) | | mple:If typing, type the lines. | 12FE4M5 | |
| HSBC North | n Amer | ica Federal Po | olitical / | Action Comr | nittee (HSE | BC Federal PAC) |
| | | | | | | |
| ADDRESS (number a | nd street) | 1401 I Street NW | | | | |
| (Check if a | | Suite 500 | | | | |
| is changed | 1) | Washington | | | DC 2 | 20005 |
| | | CITY ▲ | | | STATE ▲ | ZIP CODE▲ |
| COMMITTEE'S E-MA | AIL ADDRES | SS | | | | |
| (Check if a is changed | | margaret.m.mcgove | ern@us.hs | sbc.com | | |
| is changed | <i>1)</i> | Optional Second E-Mai | | | | |
| | | fecinfo@pass1.co | om | | | |
| | | | | | | |
| COMMITTEE'S WEB | PAGE ADD | PRESS (URL) | | | | |
| (Check if a is changed | | N/A | | | | |
| | | I | | | | 1 |
| | | | | | | |
| 2. DATE 1 | 1 05 | 2021 | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ C | C0068143 | 7 | | |
| 4. IS THIS STATEM | MENT | NEW (N) OF | × | AMENDED (A) | | |
| I certify that I have e | examined thi | is Statement and to the | pest of my l | knowledge and belief | it is true, correct a | and complete. |
| Type or Print Name | of Treasurer | McGovern, Margaret, M | , , | | | |
| Signature of Treasure | er <i>McGo</i> n | vern, Margaret, M, , | | [Electronically Filed] | Date 11 | 05 / 2021 |
| NOTE: Submission of | | ous, or incomplete informa | - | - | - | he penalties of 2 U.S.C. §437g. |
| Office Use Only | | | | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| _ | | 1 (Paying 1 (Paying 02/2000) | Doro O |
|----------------|---------------------|--|------------------------------------|
| | | OMMITTEE | Page 2 |
| | | 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. (Complinformation below.) | ete the candidate |
| Name Candi | | | |
| Candi Party | idate Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candi | | | |
| Party | y Com | mittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, epublican, etc.) Party |
| Polit | ical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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 seg committee. (i.e., nonconnected committee) | regated fund or part |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint | Fund | raising 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. | 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| ı | EEC Form 1 (Davids of C | 22/2000) | Daga 2 |
|------------|---|---|--------------------|
| \// | rite or Type Committee Name | | Page 3 |
| | • • | | daral DACI |
| | | rica Federal Political Action Committee (HSBC Federalization Affiliated Committee Institute Institute Proposed | · |
| 6. | - - | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership | FAC Sponsor |
| H | SBC North America | | |
| | | | |
| | Mailing Address | 452 5th Avenue | |
| | | New York NY 10018 | |
| | | | |
| | | CITY STATE ZIF | P CODE |
| | Relationship: X Connected | Organization Affiliated Committee Joint Fundraising Representative Leader | rship PAC Sponsor |
| ' . | Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the person in posses | ssion of committee |
| | Tallman, V | incent, , , | ı |
| | Full Name | PASS, 1950 Roland Clarke Pl. #300 | |
| | Mailing Address | | |
| | | Reston , VA , 20191 | |
| | | Reston VA 20191 | |
| | Title or Position | CITY STATE ZIP | CODE |
| | Custodian of Records | Telephone number 703 - 476 | 3070 |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer). | and address of |
| | Full Name McGovern, of Treasurer | Margaret, M, , | |
| | Mailing Address | 1401 I Street NW | |
| | | Suite 500 | |
| | | Washington DC 20005 CITY STATE ZIP | CODE |
| | Title or Position , Treasurer | | |
| _ | | | |

| FFC. Form | m 1 (Revised 02/2009) | Page 4 |
|--|--|-----------------------|
| 1 20 1 011 | (1011304 3212000) | i ago 🛪 |
| Full Name of Designated Agent | Marois, Alyssa, , , | |
| Mailing Address | 1401 I Street NW | |
| Maining / tadi 033 | Suite 500 | |
| | Washington DC 200 | 005 |
| | CITY STATE | ZIP CODE |
| Title or Position Assistant Treas | surer 202 Telephone number | |
| Banks or Other safety deposit be Name of Bank, | | holds accounts, rents |
| safety deposit be | Depository, etc. HSBC North America Bank USA | holds accounts, rents |
| safety deposit be | Depository, etc. HSBC North America Bank USA 1452 5th Avenue | holds accounts, rents |
| safety deposit be Name of Bank, | Depository, etc. HSBC North America Bank USA 452 5th Avenue | |
| safety deposit be Name of Bank, | Depository, etc. HSBC North America Bank USA 452 5th Avenue | holds accounts, rents |
| safety deposit be Name of Bank, | Depository, etc. HSBC North America Bank USA 452 5th Avenue | |
| safety deposit be Name of Bank, | Depository, etc. HSBC North America Bank USA 452 5th Avenue New York New York CITY STATE | 018 |
| safety deposit be Name of Bank, Mailing Address | Depository, etc. HSBC North America Bank USA 452 5th Avenue New York CITY STATE Depository, etc. | 018 ZIP CODE |
| safety deposit be Name of Bank, Mailing Address Name of Bank, | Depository, etc. HSBC North America Bank USA 452 5th Avenue New York CITY STATE Depository, etc. | 018 ZIP CODE |
| safety deposit be Name of Bank, Mailing Address | Depository, etc. HSBC North America Bank USA 452 5th Avenue New York CITY STATE Depository, etc. | 018 ZIP CODE |
| safety deposit be Name of Bank, Mailing Address | Depository, etc. HSBC North America Bank USA 452 5th Avenue New York CITY STATE Depository, etc. | 018 ZIP CODE |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 1. | | | FEC ID | | |
|-----------------|-----------------|-----------|--------|---------|--|
| 3. | | | | number | C |
| | | | FEC ID | number | С |
| 4. | | | FEC ID | number | C |
| | | | FEC ID | number | C |
| = | = | | | | or Leadership PAC Spons SBC Combined PAC) |
| | | | | | |
| Mailing Address | 1401 I Street I | √W | | | |
| | Suite 500 | | | | |
| | Washington | | | DC | 20005 |
| Relationship: | | CITY ▲ | : | STATE A | ZIP CODE ▲ |
| Full Name | 1 | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TITLE OR POS | ITION ▼ | CITY A | ST | TATE A | ZIP CODE A |