PAGE 1/5 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) PITNEY BOWES INC. POLITICAL ACTION COMMITTEE 3001 Summer St ADDRESS (number and street) (Check if address is changed) Stamford 06926-CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Elizabeth.Puglisi@pb.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2021 C00339499 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. GOLD, ANDREW, R,, Type or Print Name of Treasurer GOLD, ANDREW, R,, [Electronically Filed] 07 22 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. FEC FORM 1

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	raye <b>z</b>				
Can	ndidate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)				
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)						
Nam Cand	e of didate	<u> </u>					
	didate / Affiliati	Office Sought: House Senate President	State				
(c)							
Name Cand	e of didate						
Par	ty Con	Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		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 segregate 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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Title or Position Treasurer

	_				_
	FEC <b>Form 1</b> (Revised (	02/2009)			Page <b>3</b>
V	Vrite or Type Committee Name				r ago <b>o</b>
ı	PITNEY BOWE	S INC. POLITICAL	ACTION CO	OMMITTEE	
6.		Organization, Affiliated Committee, Jo			
Р	Pitney Bowes Inc.				
Ŀ					
		3001 Summer Street			
	Mailing Address	Surf Surfiner Street			
		Stamford		CT 06905-43	17
		CITY		STATE	ZIP CODE
	Relationship: <b>x</b> Connected	d Organization Affiliated Committee	Joint Fundraising F	Representative Lea	dership PAC Sponsor
·.	books and records.	ntify by name, address (phone number	optional) and positio	n of the person in pos	session of committee
	Full Name	15 Birch Grove Dr			
	Mailing Address				
		Armonk		NY 10504-25	21
	Title or Position	CITY	9	STATE 2	ZIP CODE
	Custodian of Records		Telephone numb	per 203 - 9	922   6937
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o assistant treasurer).	f the treasurer of the o	committee; and the nan	ne and address of
	Full Name GOLD, AN of Treasurer	DREW, R, ,			
	Mailing Address	15 Birch Grove Dr			
		Armonk		NY 10504-25	21
		CITY		STATE Z	ZIP CODE

203

Telephone number

922

6937

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Full Name of Designated Agent	GOLD, ANDREW, R, ,					
Mailing Address	15 Birch Grove Dr					
	Armonk NY 10504-25 CITY STATE Z	221 				
Title or Position Treasurer		22 6937				
safety deposit b	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.  JP Morgan Chase Bank					
Mailing Address	270 Park Avenue					
	New York NY 10017					
	CITY STATE 2	ZIP CODE				
Name of Bank, Depository, etc.						
Name of Bank,						
Name of Bank,						
Name of Bank,  Mailing Address						

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment discloses the Committee's new bank account.

Form/Schedule: Transaction ID: