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STATEMENT OF **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. Idemia Identity & Security USA, LLC Political Action Committee 14 Crosby Drive ADDRESS (number and street) 2nd Floor (Check if address is changed) Bedford 01730 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Casey.Mayfield@us.idemia.com (Check if address is changed) Optional Second E-Mail Address Lisa, Shoemaker@us.idemia.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2022 C00437491 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. Mayfield, Casey, H,, Type or Print Name of Treasurer Mayfield, Casey, H,, [Electronically Filed] 03 30 2022 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye z				
Can	ndidate	didate 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. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(Daniel and the				
(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 s committee. (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.)					
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	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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W	/rite or Type Committee Nam		-
ı	demia Identity	& Security USA, LLC Political Action Comm	ittee
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	
ld	emia Identity & Sec	urity USA, LLC	
 	<u> </u>		<u> </u>
		14 Crosby Drive	
	Mailing Address	2nd Floor	
		Bedford MA 01730	
		CITY STATE ZI	P CODE
	Relationship: x Connected	ed Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
' .	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in posse	ession of committee
		rer, Lisa, , ,	
	Full Name		
	Mailing Address	14 Crosby Drive	
		2nd Floor	
		Bedford MA 01730	
	Title or Position	CITY STATE ZI	P CODE
	Assistant Treasurer	Telephone number 703 - 77	75 - 7800
3.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Mayfield, of Treasurer	Casey, H, ,	
	Mailing Address	14 Crosby Drive	
		2nd Floor	
		Bedford	
	Title or Position	CITY STATE ZII	P CODE
	Treasurer	Tolophopo number 703 77	5 7800

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Full Name of Designated Shoe Agent	maker, Lisa, , ,		
Mailing Address	14 Crosby Drive		
	2nd Floor		
	Bedford CITY	MA LC STATE	21730 ZIP CODE
Title or Position Assistant Treasurer	Telephone	number 703	
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