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Telos Corporation 19886 Ashburn Road Ashburn, Virginia 20147-2358 Phone (703) 724-3800 www.telos.com

April 16, 2013

Federal Election Commission 999 E Street, NW Washington, D. C. 20463

Reference: **Telos Corporation PAC** Identification Number C00289041

To Whom It May Concern:

The attached amended Statement of Organization is to add Robert Dupree as Assistant Treasurer on the Telos Corporation PAC.

Should there be any questions regarding this change I can be reached at 703-724-4757.

Sincerely,

Jennifer Schneider **Telos Corporation PAC Treasurer**

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	STATEMI	ENT OF	RI 2012 ADD		
FEC FORM 1	ORGANI	ZATION	FEC M	22 AM 10: 37 AIL CENTER	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	20 1 - 2	
Telos Corpora	ation PAC			<u>]</u>	
ADDRESS (number and stre	19886 Ashb	urn Road			
(Check if address is changed)	Ashburn		VA 201	47 <u>-</u>]- <u>[</u> , ,]	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL AD	DRESS (Please provide only on	e e-mail address)			
(Check if addrest is changed)	ss				
Committee's web page	E ADDRESS (URL)				
(Check if addrest is changed)	ss				
2. DATE Ö4	<u>16</u> 2013				
3. FEC IDENTIFICATIO		00289041			
4. IS THIS STATEMENT			<u></u>		
I certify that I have examin	ned this Statement and to the b	pest of my knowledge and belief	it is true, correct and co	mplete.	
Type or Print Name of Trea	asurer Jennifer Sc	hneider	NT ALL FORMATION OF THE STATE AND FORMATION OF THE STATE	and an anomal Photo and Photo	
Signature of Treasurer	_ genSchard		Date 04 1	6 2013	
NOTE: Submission of false,		ion may subject the person signing		alties of 2 U.S.C. §437g.	
Office Use Only		For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion FC	C FORM 1 evised 02/2009)	

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FEC Form 1 (Revised 02/2009)

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5.	TYPE	OFC	OMMITTEE
	Can	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. (Complete the candidate information below.)
	Name Candi		
	Candi Party	oate Affiliatio	on Office State State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Com	mittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	.,		Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trode Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
		Ш	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	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	nittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	

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FEC Form 1 (Revised	02/2009)				Page 3
Write or Type Committee Name					
Telos Corporatio	on PAC				<u></u>
6. Name of Any Connected (Organization, Affiliate	ed Committee, Join	nt Fundraising Repr	esentative, or Lo	eadership PAC Sponsor
Mailing Address					
					<u></u>]-[]
		CITY		STATE	ZIP CODE
Relationship: Connected	d Organization	iliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address	s (phone number	optional) and positi	on of the person	in possession of committee
Full Name				<u> i i i </u>	
Mailing Address			<u></u>		
					<u></u>
Title or Position		CITY		STATE	ZIP CODE
			Telephone num	ıber Lii	J-└╌╌╌ <u>┤</u> -└╌╌╌╌┤
 Treasurer: List the name an any designated agent (e.g., a 		nber optional) of	the treasurer of the	committee; and	the name and address of
Full Name of Treasurer			1 1 1 1 1 1 1		<u> </u>
Mailing Address					
				<u> </u>	
The second second					
]	Telephone num	ber L	- <u> </u> - <u> </u> _

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Full Name of Designated Agent	
Mailing Address	19886 Ashburn Road
	Ashburn [20147
	CITY STATE ZIP CODE
Title or Position Mgr Gover	nment Affairs
Banks or Othe	r Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents

Page 4

9. 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.

Mailing Address			
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
Mailing Address			
Mailing Address			

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Name of Bank, Depository, etc.

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	Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic					
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	Received from Senate Public Records Office	Date of Receipt				
	Received from Electronic Filing Office	Date of Receipt				
	Date Other (Specify):	of Receipt or Postmarked				
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