(Revised 06/2012)

Use

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) Fidelity National Information Systems, Inc. Good Government Fund (FIS Good Government Fund) 347 Riverside Drive ADDRESS (number and street) (Check if address is changed) Jacksonville 32202 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Zach.Cooper@fisglobal.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00561647 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. Type or Print Name of Treasurer Cooper, Zach, , Date 02 09 2024 Signature of Treasurer Cooper, Zach, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	e <b>2</b>				
TYPE OF COMMITTEE:					
Candidate 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 of Candidate					
Candidate Office State Party Affiliation Sought: House Senate President	:				
District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	ì				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Part	ty				
Political Action Committee (PAC):					
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:				
X Corporation Corporation w/o Capital Stock Labor Organization	n				
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 fund or committee. (i.e., nonconnected committee)	party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) 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.					
(j) 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.					
Committees Participating in Joint Fundraiser					
1. C	픾				

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>	ı		
Write or Type Committee Name						
	Fidelity National Infor	mation Systems, Inc. Good Government Fund	(FIS Good Government Fund)			
6.	Name of Any Connected O	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	Fidelity National Infor	mation Systems, Inc.				
				]		
	Mailing Address	347 Riverside Drive				
		Jacksonville	FL 32202			
		CITY A	STATE ▲ ZIP CODE ▲			
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising	Representative Leadership PAC Spor	nsor		
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of	f the person in possession of committee	_		
	Full Name	Andrea, , ,				
	Mailing Address	347 Riverside Diffe				
		Jacksonville	FL 32202			
		CITY A	STATE ▲ ZIP CODE ▲			
	Title or Position ▼					
	VP Corporate Affairs	Telephone numb	ber			
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name and address of	_		
	Full Name Cooper, Za of Treasurer	ch,,,				
	Mailing Address	347 Riverside Drive				
		Jacksonville	FL 32202 -   -     -			
	<b>-</b>	CITY A	STATE ▲ ZIP CODE ▲			
	Title or Position ▼					
	Treasurer	Telephone numb	ber 904 - 438 - 6363			

FEC Form 1	I (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	Coleman, Christina, , ,					
Mailing Address	347 Riverside Avenue					
	Jacksonville FL	32202				
Title or Desition	CITY ▲ STATE	▲ ZIP CODE ▲				
Title or Position						
Assistant freasu	Telephone number					
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee depositors or maintains funds.	sits funds, holds accounts, rents				
Name of Bank, [	Name of Bank, Depository, etc.					
PNC Bank, NA						
Mailing Address	249 Fifth Avenue					
	Pittsburgh	15222				
	CITY ▲ STATE	▲ ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STATE	▲ ZIP CODE ▲				