Image# 201908139162851453				00/13/2019 13 . 40
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4
			Offi	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Unison Marketp	lace, Inc. Acquisi	tion and Reform	PAC	
ADDRESS (number and street)	21251 Ridgetop Circle			
(Check if address is changed)	Suite 100			
ls changed)	Dulles		VA 2016	6
	CITY A			ZIP CODE
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	karen.crowe@unisong	lobal.com		
<i>,</i>	Optional Second E-Mail Ad payments@fedbid.c	dress om		
COMMITTEE'S WEB PAGE A	ADDRESS (URL)			
2. DATE 08	13 / Y Y Y Y 13 2019			
3. FEC IDENTIFICATION	NUMBER ► C c	:00448449		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examined	d this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasu	urer Crowe, Karen, , ,			
Signature of Treasurer	rowe, Karen, , ,	[Electronically Filed]	Date 08	D D / Y Y Y Y 13 2019
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		enalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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F	FEC Fo	rm 1 (Revised 02/2009) Page 2	
		COMMITTEE	
Can	didate	e 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 Cand			
	lidate ⁄ Affiliati	ion Office Sought: House Senate President District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Patient	
Poli	tical A	Action Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	
		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 segregated fund or pa 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	draising 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Unison Marketplace, Inc. Acquisition and Reform PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Unison Marketplace, Ir	n C.				
Mailing Address	21251 Ridgetop Circle				
	Suite 100				
	Dulles	VA 20166			
	CITY	STATE ZIP CODE			
Relationship: 🕱 Connected Organization 🚺 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Sponsor					

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Crowe, Ka	iren, , ,
Full Name	
Mailing Address	21251 Ridgetop Circle
	Suite 100
	Dulles VA 20166
Title or Position	CITY STATE ZIP CODE
	Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Crowe, Karen, , ,
Mailing Address	21251 Ridgetop Circle
	Suite 100
	Dulles
	CITY STATE ZIP CODE
Title or Position Controller	Telephone number 571 449 4188

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Full Name of Designated Agent	Nace, Matthew, , ,
Mailing Address	21251 Ridgetop Circle, Suite 100
	Dulles VA 20166 - - -
	CITY STATE ZIP CODE
Title or Position	or Telephone number

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.

Name of Bank, Depository, etc.

First C	tizens Bank		
Mailing Address	8521 Leesburg Pike #100		
	Vienna	VA22	182
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE