

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MBDA Incorporated Political Action Committee

ADDRESS (number and street)

1300 Wilson Boulevard Suite 550

☐ (Check if address is changed)

Arlington

CITY ▲

VA

STATE ▲

22209

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

pac@mbda-us.com

Optional Second E-Mail Address

fecinfo@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
03 / 01 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00490037

4. 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 Pennock, James, , ,

Signature of Treasurer Pennock, James, , ,

[Electronically Filed]








Date

MM / DD / YYYY
03 / 01 / 2019

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

MBDA Incorporated Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MBDA Incorporated

Mailing Address

1300 Wilson Boulevard Suite 550

Arlington

CITY

VA

STATE

22209-2323

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.

Full Name

Tallman, Vincent, , ,

Mailing Address

c/o PASS 1950 Roland Clarke Place

Suite 300

Reston

CITY

VA

STATE

20191

ZIP CODE

Title or Position

Custodian of Records

Telephone number

703

476

3070

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

Pennock, James, , ,

Mailing Address

1300 Wilson Boulevard Suite 550

Arlington

CITY

VA

STATE

22209-2323

ZIP CODE

Title or Position
Treasurer

Telephone number

703

387

7125

Full Name of
Designated
Agent

Pranzatelli, John, , ,

Mailing Address

1300 Wilson Boulevard Suite 550

Arlington

CITY

VA

STATE

22209-2323

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

703

387

7135

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.

Bank of America

Mailing Address

1700 North Moore Street

Arlington

CITY

VA

STATE

22209

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F1A
Transaction ID :

This registration is being amended to disclose a new Treasurer.

Form/Schedule:
Transaction ID: