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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) over the lines. is changed) Texas Instruments Incorporated Political Action Committee (TI PAC) 12500 TI BOULEVARD ADDRESS (number and street) MS8656 (Check if address is changed) **Dallas** 75243-0592 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS v-schaefer@ti.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2021 C00007070 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. Schaefer, Virginia, M,, Type or Print Name of Treasurer Schaefer, Virginia, M,, [Electronically Filed] 2021 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	raye <b>z</b>				
Can	ndidate	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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Write or Type Committee Nam	e		
Texas Instrume	ents Incorporated Politic	al Action Committee	(TI PAC)
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fur	ndraising Representative, or Leadership	PAC Sponsor
Texas Instruments Inc	orporated		
Mailing Address	12500 T I Blvd		
	Dallas	TX 75243-0592	<u> </u>
	CITY	STATE ZI	P CODE
	_	_	
Relationship: x Connecte	d Organization Affiliated Committee Jo	int Fundraising Representative Leade	ership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optic	onal) and position of the person in posse	ession of committee
Phillips, J Full Name	ustin, , ,		
Mailing Address	205 Pennsylvania Ave SE		
Walling Address			
	Washington	DC 20003-1164	4
	Washington		
Title or Position	CITY	STATE ZI	P CODE
Custodian of Records		Telephone number 202 54	8345
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the transistant treasurer).	reasurer of the committee; and the name	and address of
Full Name Schaefer,	Virginia, M, ,		
of Treasurer			
Mailing Address	12500 T I Blvd		
	Dallas	TX 75243-0592	2
<del>-</del>	CITY	STATE ZII	P CODE
Title or Position Treasurer	I	214   . 56	7   4413

567

Telephone number

1 20 1 011	<b>n 1</b> (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
Title of Position	Telephone number	
cofoty donosit b	avas ar maintains funds	
Name of Bank,	Comerica Bank	
	Depository, etc.  Comerica Bank  PO Box 75000	
Name of Bank,	Depository, etc.  Comerica Bank  PO Box 75000	
Name of Bank,	Depository, etc.  Comerica Bank  PO Box 75000	ZIP CODE
Name of Bank,	Comerica Bank PO Box 75000 Detroit MI 48275 CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Comerica Bank PO Box 75000 Detroit MI 48275 CITY STATE	
Name of Bank, Mailing Address	Depository, etc.  Comerica Bank PO Box 75000 Detroit MI 48275 CITY STATE  Depository, etc.	
Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Comerica Bank PO Box 75000 Detroit MI 48275 CITY STATE  Depository, etc.	
Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Comerica Bank PO Box 75000 Detroit MI 48275 CITY STATE  Depository, etc.	

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amended to update custodian of records and secondary email address

Form/Schedule: Transaction ID: