FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 5 -
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
MBDA Incorporat	ed Political Action C		
ADDRESS (number and street)	1300 Wilson Boulevard Suite	9 550	
(Check if address is changed)			
	Arlington │ │ │ │ │ │ │ │ │ │ │ CITY ▲		↓ ↓ </td
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)	pac@mbda-us.com		
	Optional Second E-Mail Ad	ldress	
 (Check if address is changed) 			
2. DATE 03	18 / Y Y Y Y 18		
3. FEC IDENTIFICATION	NUMBER ► C C	00490037	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A))
I certify that I have examined	this Statement and to the best	of my knowledge and belie	of it is true, correct and complete.
Type or Print Name of Trease	urer Martins, John, , ,		
Signature of Treasurer M	artins, John, , ,		Date 03 / D D / Y Y Y Y Y 18 2024
NOTE: Submission of false, err		may subject the person signir	ng this Statement to the penalties of 52 U.S.C. §301 ED WITHIN 10 DAYS.
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	

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. 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 information below.)	ne candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee: (d) This committee is a (National, State (Democration or subordinate) committee of the Republican	c, ı, etc.) Party
Political Action Committee (PAC):	
(e) 🔀 This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Cooper	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
(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 P	AC).

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.
 (j) Committees Committees 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
 2.

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Write or Type Committee Name	

MBDA Incorporated Political Action Committee

6.	Name of Any Connected Or	ganization, Affiliat	ed Com	mittee,	Joir	nt F	und	rais	ing	Rep	ores	sent	ativ	e, c	or L	.ead	der	ship	D P/	AC	Sp	ons	or	
	MBDA Incorporated F	Political Action	Comm	nittee																			[
	Mailing Address	1300 Wilson Boule	vard Suite	550																				
		Arlington		1 1 1								V			Ľ	222	09							
			CIT	Y 🔺							ę	STAT	Έ	•				ZI	ΡC		DE 4			
	Relationship: X Connected	Organization Af	ffiliated Or	rganizat	ion		Joi	int F	undı	raisii	ng I	Repi	ese	ntat	ive			Lea	ader	ship	D PA	AC :	Spor	nsoi

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

Tallman, V	ncent, , ,
Full Name	
Mailing Address	c/o PASS 1950 Roland Clarke Place
	Suite 300
	Reston VA 20191
	CITY ▲ STATE ▲ 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	Martins, John, , ,						
Mailing Address	1300 Wilson Blvd, Suite 550						
	Arlington						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer 240 577 9349 Telephone number - - - -							

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	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.

L	Bank of	America				
Mailing Address		1700 North M	loore Street			
		Arlington				22209
			CITY	(🔺	STATE A	ZIP CODE
Name of Bank, De	epository, e	etc.				
L						
Mailing Address						
			CITY	(🔺	STATE A	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This registration is being amended to disclose a new Treasurer and to remove the Assistant Treasurer.

Form/Schedule: Transaction ID: