FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 4
1. NAME OF COMMITTEE (in ful	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Thales USA,	Inc. Political Action (	Committee (Thale	es USA PAC)
	2733 South Crystal Drive		
ADDRESS (number and s	treet)		
is changed)	Arlington CITY ▲		VA 22202   STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL			
(Check if addr is changed)	ess Scott.Porter@thalesdsi	.com	
	Optional Second E-Mail Add	ress nossaman.com	
COMMITTEE'S WEB PA	· · · ·		
2. DATE 02	/ D D / Y Y Y Y 27 2023		
3. FEC IDENTIFICAT	ION NUMBER ► C CO	0828905	
4. IS THIS STATEMEN	IT NEW (N) OR	× AMENDED (A)	
I certify that I have exam	nined this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of T	reasurer Porter, Scott, , ,		
Signature of Treasurer	Porter, Scott, , ,	[Electronically Filed]	Date 02 / 27 / 2023
NOTE: Submission of false		nay subject the person signing t ION SHOULD BE REPORTED	nis Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE O	F COMMITTEE:											
	Candid	ate 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 State State District												
	(c)	This committee supports/opposes only one c	andidate, and is NOT an authorized committee	Э.									
	Nam Cano												
	Party C	This committee is a	nal, State ordinate) committee of the	(Democratic, Republican, etc.) Party									
	Politica (e) x	Action Committee (PAC): This committee is a separate segregated fun	d. (Identify connected organization on line 6.)	Its connected organization is a:									
		× Corporation	Corporation w/o Capital Stock	Labor Organization									
		Membership Organization	Trade Association	Cooperative									
		In addition, this committee is a Lob	byist/Registrant PAC.										
	(f)	This committee supports/opposes more than committee. (i.e., nonconnected committee)	one Federal candidate, and is NOT a separat	e segregated fund or party									
		In addition, this committee is a Lob	byist/Registrant PAC.										
		In addition, this committee is a Lea	adership PAC. (Identify sponsor on line 6.)										
	(g)	This committee is an independent expenditur	re-only political committee (Super PAC).										
		In addition, this committee is a Lob	byist/Registrant PAC.										
	(h)	This committee is a political committee with I	both contribution and non-contribution accounts	s (Hybrid PAC).									
		In addition, this committee is a Lob	byist/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
2.

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Write or Type Committee Name	
Thales USA, Inc. Political Action Committee (Thales USA PA	C)

6.	Name of Any Connected Or	rganization, Affiliated	Committee,	Joint	Fundra	ising	Repre	sentative	, or L	_eadershi	p PAC	Sponsor
	Thales USA, Inc											
	Mailing Address	2733 South Crystal Dr	ive									
		Suite 1200						VA	L	22202		
			CITY 🔺					STATE 🔺		Z		DE 🔺
	Relationship: X Connected	Organization Affilia	ited Organizat	ion	Joint	Fund	raising	Represent	ative	Lea	adershir	p PAC Sponso

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

Whitted, Lo	ghan, , ,
Full Name	
Mailing Address	2733 South Crystal Drive
	<u> </u>
	Arlington   VA   22202     Image: Second
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	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	Porter, Scott, , ,
of Treasurer	
Mailing Address	2733 South Crystal Drive
	Arlington
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number 571 255 4526

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Full Name of Designated Agent	None, , , , ,																								1	<u> </u>	
Mailing Address																											
		L																								<u> </u>	
							Cľ	TΥ							5	ST/	ΤE					ZI	ΡC	COD	Έ		
Title or Position	7																										
											Tele	əph	one	e ni	umt	ber					•					<u> </u>	

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.

JP Mor	gan		
Mailing Address	383 Madison Ave		
	New York	NY 10017	
		STATE A	ZIP CODE
Name of Bank, Depository,	ətc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲