

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

CDM Smith Inc. National PAC

ADDRESS (number and street) 75 State Street
 (Check if address is changed) Suite 701
Boston MA 02109
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) bufanolj@cdmsmith.com
Optional Second E-Mail Address malletcd@cdmsmith.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 02 / 01 / 2022

3. FEC IDENTIFICATION NUMBER C C00398222

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 Bufano, Louis, J, ,

Signature of Treasurer Bufano, Louis, J, , [Electronically Filed] Date 02 / 01 / 2022

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.

5. 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (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 Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

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

CDM Smith Inc. National PAC

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

CDM Smith Inc.

Mailing Address 75 State Street
 Suite 701
 Boston MA 02109
 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.

Full Name Mallett, Christy, D., Ms.,
 Mailing Address 10560 Arrowhead Drive
 Suite 500
 Fairfax VA 22030
 CITY STATE ZIP CODE
 Title or Position
 Record Keeper Telephone number 703 - 691 - 6670

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 Bufano, Louis, J., ,
 Mailing Address 201 South Capitol Avenue
 Suite 1220
 Indianapolis IN 46225
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 312 - 780 - 7721

Full Name of Designated Agent

Campbell, Christopher, R, ,

Mailing Address

75 State Street

Suite 701

Boston

MA

02109

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

617

452

6091

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.

SunTrust Bank

Mailing Address

8330 Boone Boulevard

Suite 700

Vienna

VA

22182

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N
Transaction ID :

This amended Form 1 is being provided to change the Treasurer, change the Assistant Treasurer, update the e-mail address for the Treasurer, and note a change of address.

Form/Schedule:
Transaction ID: