Only

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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) is changed) over the lines. UNISYS CORPORATION ASSOCIATES PAC 11720 Plaza America Drive ADDRESS (number and street) Tower III (Check if address is changed) Reston 20190 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS roger.jordan@unisys.com (Check if address is changed) Optional Second E-Mail Address brian.eagle@unisys.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00345603 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. Eagle, Brian, , , Type or Print Name of Treasurer Eagle, Brian, , , [Electronically Filed] 03 12 2020 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF C	OMMITTEE • 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 Affiliati	Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Con	y Committee: (National, State (Democratic,					
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political A	ction Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected						
	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.	a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fund	raising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t					
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t					
\.,	committees/organizations, none of which is an authorized committee of a federal candidate.	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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	FEC Form 1 (Revised	n2/2nna)			Page 3
V	Vrite or Type Committee Name				raye J
		ORATION ASSOC	IATES PAC		
6		Organization, Affiliated Committee, Jo			ershin PAC Snonsor
	-	rigamization, riminated committee, se	onic i undialonig itopi	escritative, or Lead	ersing i Ae openser
L	Inisys Corporation				
	Mailing Address	Unisys Way			
	J				
		Blue Bell		PA 19424	4-0001
		CITY		STATE	ZIP CODE
	B. I. I. I.	LO I II FAMILIA III	Division in		La adambia DAO Calaman
	Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
	Overhaldian of Bassania Ida	ette bereiter et delege (about en en en en en	and an all an aid		
	books and records.	ntify by name, address (phone number	optional) and position	on of the person in	possession of committee
	Hoydysh,	Dan, , ,			
	Full Name	1200 South Hayes Street			
	Mailing Address				
		Suite 1100			
		Arlington		VA 2220	2
	Title or Position	CITY		STATE	ZIP CODE
	Director Global Publ			, 703 ,	ı 419 _{I I} 3605 ı
			Telephone num	ber	
	Tracurary List the name an	d address (phone number optional)	of the treasurer of the	committee; and the	name and address of
٠.	any designated agent (e.g.,		of the treasurer of the	committee, and the	name and address of
	Full Name Eagle, Bria	an, , ,			ı
	of Treasurer	7 Stratton Road			
	Mailing Address	7 Stratton Road			
		Mansfield		MA 02048	
	Title or Position	CITY		STATE	ZIP CODE
	Director of Governme		Telephone numl	ber 617 -	218 - 2688

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position	Telephone number	- -				
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. Genisys Credit Union P.O. Box 43634						
Mailing Address	<u> </u>					
	Pontiac	48343-6034				
	CITY STATE	ZIP CODE				
Name of Bank, Depository, etc.						
Mailing Address						

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

Form/Schedule: F1A Transaction ID:

Form 1 is being amended because there is a new Treasurer

Form/Schedule: Transaction ID: