FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only						
NAME OF COMMITTEE (in f	(Check if name Example: If typying is changed) over the lines							
ICx Technolog	ies, Inc. PAC							
ADDRESS (number and s	1350 Eye St., NW							
(Check if addre	Şujte,670							
is changed)	Washington	DC						
COMMITTEE'S E-MAI	CITY	STATE▲ ZIP CODE ▲						
pac@icxt.com	LADDRESS							
COMMITTEE'S WEB I	PAGE ADDRESS (URL)							
COMMITTEE'S FAX N 2026595690	UMBER							
2. DATE M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
3. FEC IDENTIFICA	TION NUMBER C C00422014							
4. IS THIS STATEM	4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)							
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is t	rue, correct and complete						
Type or Print Name of	Treasurer Eileen H. Oh							
Signature of Treasurer	Electronically Filed by Eileen H. Oh	Date 12 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person sig	•						
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
Office Use Only	Federal Ele	information contact: ction Commission 0-424-9530 (Revised 02/2003)						

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5.	TYPE OF COMMITTEE (Check One)						
	(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 information below.)	ete the candidate					
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate Presiden	State State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
(d) This committee is a (National, State (or subordinate) committee of the Republication (e) This committee is a separate segregated fund (f) This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee.							
6.	Name of Any Connected Organization or Affiliated Committee						
L							
L							
	Mailing Address						
CITY STATE ZIP CODE							
	Relationship						
Type of Connected Organization:							
	Corporation Corporation w/o Capital Stock Labor Or	ganization					
	Membership Organization Trade Association Cooperat	ive					

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Write or Type Committee Name								
ICx Technologies, Inc. PAC								
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.								
Full Name Eileen H. O	Full Name							
Mailing Address	1350 I Street, NW							
	Suite 670							
	Washington		<u> </u>	20005				
Title or Position ▼	CITY A	STA	TE▲	ZIP COI	DE A			
Treasurer		Telephone number	202	536	5697			
Full Name of Treasurer Eist the name and a name and address of any designation of the following states of the name and a name a name and a name	address (phone number optiona gnated agent (e.g., assistant treas	urer).		tice, and the				
Mailing Address	1350 I Street, NW							
_	Suite 670							
	Washington		<u> </u>	20005 _				
Title or Position ♥	CITY A	STA	TE▲	ZIP CO	DE 🛦			
Treasurer		Telephone number	202	536	5697			
Full Name of Designated Agent Jessica M.	Bartlow							
Mailing Adduses	1350 I Street, NW							
Mailing Address	1000 1 011001, 1111							
Mailing Address	Suite 670							
Mailing Address			<u> </u>	20005_				
Title or Position ▼	Suite 670	DO		20005				

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Mailing Address	Bank of America 1501 Pennsylvania Avenue, NW			
		Washington	20005		
		CITY A STATE A	ZIP CODE 🛕		