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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. BSA | The Software Alliance PAC 200 Massachusetts Avenue NW ADDRESS (number and street) Suite 310 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address ∣craiga@bsa.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00416685 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. Albright, Craig, , , Type or Print Name of Treasurer Albright, Craig, , , [Electronically Filed] 04 2022 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		. ago 🐱
BSA   The Software	Alliance PAC	
•	on, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
BSA   The Software Alliance		
DOA   The Software Alliance	<u>                                     </u>	
Mailing Address 200 Mass	sachusetts Avenue NW	
Suite 310		
Washing	ton DC	20001
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected Organizat	tion Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by nar books and records.</li> </ol>	me, address (phone number optional) and position of the	e person in possession of committee
Albright, Craig, , ,		
200 Mass	sachusetts Avenue NW	
Mailing AddressSuite 310	)	
 Washing	gton	20001
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	202 530 5136
Treasurer: List the name and address any designated agent (e.g., assistant tre	(phone number optional) of the treasurer of the committ easurer).	ee; and the name and address of
Full Name Albright, Craig, , ,		
	sachusetts Avenue NW	
Suite 310	) 	
Washing	ton   DC	20001
T''. D '''	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	202 530 5136

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
		ephone number	
safety deposit boxes or Name of Bank, Deposit		he committee deposits funds, ho	ids accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	the committee deposits funds, ho	
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  tory, etc.  PIIS Fargo  1919 M Street NW		
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  PIIS Fargo  1919 M Street NW  Washington  CITY	DC 20036	
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address	maintains funds.  tory, etc.  PIIS Fargo  1919 M Street NW  Washington  CITY	DC 20036	
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address	maintains funds.  tory, etc.  1919 M Street NW  Washington  CITY  tory, etc.	DC   20036	
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  1919 M Street NW  Washington  CITY  tory, etc.	DC   20036	
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  1919 M Street NW  Washington  CITY  tory, etc.	DC   20036	

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This amended registration is being filed to disclose a new address for the Committee, Connected Organization, Treasurer and Custodian of Records. Please update your records accordingly.

Form/Schedule: Transaction ID: