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) over the lines. is changed) Motorola Solutions, Inc. Political Action Committee 601 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 675 North (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS kristiammirati@motorolasolutions.com (Check if address is changed) Optional Second E-Mail Address paul.newman@motorolasolutions.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00075341 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. Ammirati Thurnall, Kristi, , , Type or Print Name of Treasurer Ammirati Thurnall, Kristi, , , [Electronically Filed] 07 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 COMMITTEE:				
	candidate Committee:				
	(a) This committee is a principal campaign committee. (Complete the cand	didate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal car information below.)	mpaign committee. (Complete the candidate			
	Name of Candidate				
	Candidate Party Affiliation Office Sought: House	State President District			
	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 orga	anization on line 6.) Its connected organization is a			
	Corporation Corporation w/o Capital	I Stock Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	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.)				
	(g) This committee is an independent expenditure-only political committee	(Super PAC).			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
	In addition, this committee is a Lobbyist/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 d committees/organizations, none of which is an authorized committee of				
	Committees Participating in Joint Fundraiser				
	1.	С			

Treasurer

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٧	Vrite or Type Committee Nam	е	-			
	Motorola Solu	tions, Inc. Political Action Committee				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Motorola Solutions, Inc.					
	Mailing Address	601 Pennsylvania Avenue, NW				
		Suite 675 North				
		Washington	20004			
		CITY ▲ STATE	▲ ZIP CODE ▲			
	Relationship: X Connected	d Organization Affiliated Organization Joint Fundraising Represe	entative Leadership 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.					
	Newman,	Paul, , ,				
	Full Name					
	Mailing Address	500 West Monroe				
		43rd Floor				
		Chicago	60661			
		CITY ▲ STATE	▲ ZIP CODE ▲			
	Title or Position ▼					
	Assistant Treasurer	Telephone number	708 - 785 - 8298			
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 Ammirati	Thurnall, Kristi, , ,				
	of Treasurer					
	Mailing Address	500 West Monroe				
		38th Floor				
		Chicago	60661			
		CITY ▲ STATE	▲ ZIP CODE ▲			
	Title or Position ▼					

922

Telephone number

9217

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Full Name of Designated Agent	Newman, Paul, , ,	1 1 1 1 1 1	
Mailing Address	500 West Monroe		
	43rd Floor		
	Chicago	IL 606	661
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position Assistant Treasur		mber	-
. Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committees or maintains funds.	tee deposits funds, h	nolds accounts, rents
Name of Bank, D	epository, etc.		
	Harris Trust and Savings Bank		
Mailing Address	111 West Monroe Street		
	Chicago	IL 606	90
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲