FEC FORM 1	STATEMEN ORGANIZ	PAGE 1 / 4	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street)	ical Action Comm	hittee (Fiserv PA)	C)
is changed)	Brookfield CITY ▲		WI 53045 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	RESS		
(Check if address is changed)	kim.ford@fiserv.com	dress 2m	
COMMITTEE'S WEB PAGE A (Check if address is changed)	NDRESS (URL)		
2. DATE 10 /	13 ^Y Y Y Y Y 2020		
3. FEC IDENTIFICATION	NUMBER ► C co	00583336	
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 i	t is true, correct and complete.
Type or Print Name of Treasu	Irer Ford, Kimberly, , ,		
Signature of Treasurer	rd, Kimberly, , ,	[Electronically Filed]	Date 10 / D D / Y Y Y Y Y 2020
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATION		this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

Image# 202010139285510868

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TYPE OF COMMITTE	EE	
Candidate Commi	ittee:	
(a) This con	mmittee is a principal campaign committee. (Complete the candidate information below.)	
	mmittee is an authorized committee, and is NOT a principal campaign committee. (Com tion below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This con	mmittee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This con		(Democratic, Republican, etc.) Party
Political Action Co	ommittee (PAC):	
(e) X This con	mmittee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
×	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	mmittee supports/opposes more than one Federal candidate, and is NOT a separate se ee. (i.e., nonconnected committee)	gregated fund or part
	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:	
	nmittee collects contributions, pays fundraising expenses and disburses net proceeds for tw ees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	nmittee collects contributions, pays fundraising expenses and disburses net proceeds for tw ees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees F	Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name

Fiserv, Inc. Political Action Committee (Fiserv PAC)

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

Fiserv, Inc.		
Mailing Address	255 Fiserv Drive	
	Bas al field	500.15
	Brookfield	WI 53045

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Ford, Kimb	perly, , ,
Full Name	
Mailing Address	1000 F Street NW
	Suite 550
	Washington DC 20004
Title or Position	CITY STATE ZIP CODE
Treasurer	202 478 1112

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	Ford, Kimberly, , ,
Mailing Address	1000 F Street NW
	Suite 550
	Washington DC 20004 – / /> />
	CITY STATE ZIP CODE
Title or Position Treasurer	Image: Telephone number 202 478 1112

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Full Name of Designated Agent	Nelson, Eric	;,,, 																							
Mailing Address		255 Fiserv D)rive																						
		Brookfield								1				W	/I			53	045]-[
				CIT	Y								\$	STA	ΤE					ZI	> C	OD	E		
Title or Position	urer							-	Tele	epho	one	nu	mb	er			262	2	- [879	9]-[535(о

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.

Wel	ls Fargo Bank	
Mailing Address	90 S. 7th St.	
	Minneapolis	MN 55402
	CITY	STATE ZIP CODE
Name of Bank, Deposito	pry, etc.	
Mailing Address		
	CITY	STATE ZIP CODE