PAGE 1/6

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. Emergent BioSolutions Inc. Employees PAC 400 Professional Drive ADDRESS (number and street) Suite 400 (Check if address is changed) Gaithersburg 20879 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gettyk@ebsi.com (Check if address is changed) Optional Second E-Mail Address |fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00380303 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. Alcorta, Felipe, , , Type or Print Name of Treasurer Alcorta, Felipe,,, [Electronically Filed] 05 2019 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

FF	C Form 1 (Revised 02/2009)	Page 2
TYPE (DF COMMITTEE	. 4,5 - 1
	date 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. (Cominformation below.)	plete the candidate
Name o Candida		
Candida Party A		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o		
Party	Committee:	(Domogratic
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so committee. (i.e., nonconnected committee)	egregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
(Committees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2.	
;	3. FEC ID number	
	4.	

FEO. 5		
FEC Form 1 (R Write or Type Committe	Revised 02/2009)	Page 3
	BioSolutions Inc. Employees PAC	tive and and analysis DAO Conserver
	nected Organization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
Emergent BioSol	lutions Inc.	
	400 Professional Drive	
Mailing Address		
	Suite 400 Gaithersburg MD	20879
	CUTY	
	CITY STAT	E ZIP CODE
Relationship: x Co	onnected Organization Affiliated Committee Joint Fundraising Repres	entative Leadership PAC Sponsor
Custodian of Record books and records.	rds: Identify by name, address (phone number optional) and position of the	ne person in possession of committee
	lcorta, Felipe, , ,	
Full Name	400 Professional Drive	
Mailing Address	Suite 400	
	Gaithersburg	, 20879
Title or Position	CITY STATE	ZIP CODE
Custodian	Telephone number	240 - 631 - 3261
	name and address (phone number optional) of the treasurer of the commit tit (e.g., assistant treasurer).	ttee; and the name and address of
Full Name Alc	corta, Felipe, , ,	1
of Treasurer	1400 Professional Drive	
Mailing Address	400 Professional Drive	
	Suite 400	
	Gaithersburg	20879
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	240 - 631 - 3261

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY	7ID CODE
Title or Position	CITY STATE	ZIP CODE
or resident	Telephone number	
Banks or Other safety deposit b Name of Bank,		lds accounts, rents
safety deposit b	Depository, etc. PNC Bank N.A.	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc. PNC Bank N.A. 800 17th St NW	
safety deposit b Name of Bank,	Depository, etc. PNC Bank N.A. 800 17th St NW 3rd Floor	
safety deposit b Name of Bank,	Depository, etc. PNC Bank N.A. 800 17th St NW 3rd Floor Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank N.A. 800 17th St NW 3rd Floor Washington CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank N.A. 800 17th St NW 3rd Floor Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank N.A. 800 17th St NW 3rd Floor Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank N.A. 800 17th St NW 3rd Floor Washington CITY STATE Depository, etc.	ZIP CODE

: 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 the PAC's new Treasurer, Custodian of Records and Assistant Treasurer. Please update your records accordingly.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

FEC ID number C 3.	h). Joint Fundraising		FEC ID number	C
At liliated Committee, Joint Fundraising Representative, or Leadership PAC Spotential PAC Spotential PAC Organization, Affiliated Committee Joint Fundraising Representative Teadership PAC Spotential PAC Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil Full Name Mailing Address 400 Professional Drive Suite 400 Gaithersburg MD 20879 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Suite 400 Assistant Treasurer Telephone Number 240 – 631 – 3 Talephone Number 240 – 631 – 3	1.			
A. FEC ID number C ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spotential Spote Spo				
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot Mailing Address Mailing Address				
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil, ., Full Name 400 Professional Drive Mailing Address 400 Professional Drive Suite 400 Gaithersburg MD 20879 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Assistant Treasurer Telephone Number 400 – 631 – 3 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.	4.		T LO ID Humber	<u> </u>
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil, , , Full Name Mailing Address 400 Professional Drive Suite 400 Gaithersburg CITY A STATE A ZIP CODE A TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Assistant Treasurer Telephone Number 240 – 631 – 3 Telephone Number Telephone State of Bank, epository, etc.	ame of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil, , Full Name 400 Professional Drive Mailing Address Suite 400 Gaithersburg MD 20879 TITLE OR POSITION V CITY A STATE A ZIP CODE A Assistant Treasurer Telephone Number 240 – 631 – 3 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reletly deposit boxes or maintains funds. ame of Bank, epository, etc.				
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil, ., Full Name Mailing Address 400 Professional Drive Suite 400 Gaithersburg MD Z0879 TITLE OR POSITION CITY A STATE A ZIP CODE A Assistant Treasurer Telephone Number 240 – 631 – 3 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.				
Connected Organization	Mailing Address			
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil, , , Full Name Mailing Address 400 Professional Drive Suite 400 Gaithersburg Gaithersburg TITLE OR POSITION ▼ Assistant Treasurer Telephone Number Telephone Number Telephone Number Telephone Number Telephone Starts A committee deposits funds, holds accounts, refety deposit boxes or maintains funds. ame of Bank, epository, etc.				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Connor, Neil, , , Full Name Mailing Address 400 Professional Drive Suite 400 Gaithersburg Gaithersburg TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Assistant Treasurer Telephone Number Telephone Number Telephone Number Telephone Stands, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.				
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Suite 400 Gaithersburg MD 20879 TITLE OR POSITION CITY STATE ZIP CODE Assistant Treasurer Telephone Number	esignated Agent: Identify b	by name, address (phone number - optional)	int Fundraising Represent	ative Leadership PAC S
Gaithersburg CITY STATE ZIP CODE Assistant Treasurer Telephone Number 240 631 31 32 33 34 35 36 36 37 38 38 39 30 30 30 30 31 31 32 33 34 35 36 37 38 38 38 39 30 30 30 30 30 30 30	esignated Agent: Identify to Connor, New Full Name	oy name, address (phone number – optional) il, , ,	int Fundraising Represent	ative Leadership PAC S
TITLE OR POSITION Assistant Treasurer Telephone Number	esignated Agent: Identify to Connor, New Full Name	oy name, address (phone number – optional) il, , , 400 Professional Drive	int Fundraising Represent	ative Leadership PAC S
Assistant Treasurer Telephone Number 240 - 631 - 3 Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identify to Connor, New Full Name	oy name, address (phone number – optional) il, , , 400 Professional Drive	int Fundraising Represent	
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epository, etc.	esignated Agent: Identify to Connor, New Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	oy name, address (phone number – optional) il, , , 400 Professional Drive Suite 400 Gaithersburg CITY	STATE A Telephone Number	20879 ZIP CODE A
Mailing Address	esignated Agent: Identify to Connor, Net Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositories	oy name, address (phone number – optional) il, , , 400 Professional Drive Suite 400 Gaithersburg CITY es: List all banks or other depositories in which	STATE A Telephone Number	20879 ZIP CODE A
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	esignated Agent: Identify the Connor, Net Full Name	oy name, address (phone number – optional) il, , , 400 Professional Drive Suite 400 Gaithersburg CITY es: List all banks or other depositories in which	STATE A Telephone Number	20879 ZIP CODE A