

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.
1352 (See reverse for public burden disclosure.)

1. Type of Federal Action: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">A</div> <ul style="list-style-type: none">a. contractb. grantc. cooperative agreementd. loane. loan guaranteef. loan insurance	2. Status of Federal Actions <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">A/B</div> <ul style="list-style-type: none">a. bid/offer/applicationb. initial awardc. post-award	3. Report Types: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">A</div> <ul style="list-style-type: none">a. initial filingb. material change For Material Change Only: Year <input style="width: 50px;" type="text"/> quarter <input style="width: 50px;" type="text"/> <small>Date of last report</small>
4. Name and Address of Reporting Entity: Sodexo Operations, LLC, on behalf of itself and all its subsidiaries. 915 Meeting St. Suite 1500 – Law Department North Bethesda, MD 20852 <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and A Address of Prime: Congressional District, if known: N/A
6. Federal Department/Agency: U.S. Congress, Department of Defense, White House, EPA, USDA		7. Federal Program Name/Description CFDA Number, if applicable: <input style="width: 150px;" type="text"/>
8. Federal Action Number, if known: Unknown		9. Award Amount, if known: \$ <input style="width: 100px;" type="text" value="Unknown"/>
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): Sodexo Operations, LLC, on behalf of itself and all its affiliates and subsidiaries. 915 Meeting St. Suite 1500 – Law Department North Bethesda, MD 20852		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): McGlockton, Joan R.
(attach Continuation Sheet(s) S F-LLL-A, if necessary)		
11. Amount of Payment (check all that apply): <input type="checkbox"/> actual <input type="checkbox"/> planned		13. Type of Payment (check all that apply): <div style="display: flex; align-items: flex-start;"><div style="flex: 1;"><ul style="list-style-type: none">a. <input type="checkbox"/> retainerb. <input type="checkbox"/> one-time feec. <input type="checkbox"/> commissiond. <input type="checkbox"/> contingent feee. <input type="checkbox"/> deferredf. <input checked="" type="checkbox"/> other, specify:</div><div style="border: 1px solid black; padding: 5px; width: 150px; margin-left: 10px;">In House Government Affairs Department</div></div>
12. Form of Payment (check all that apply): <div style="display: flex; align-items: flex-start;"><div style="flex: 1;"><ul style="list-style-type: none"><input type="checkbox"/> a. cash<input type="checkbox"/> b. in-kind; specify: nature <input style="width: 100px;" type="text"/>value <input style="width: 100px;" type="text"/></div></div>		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contacted, for Payment indicated on item 11: Sodexo has not conducted any lobbying activities related to this or any other federal contract. Lobbying activities focus on general issues being addressed by the federal government.		
(attach Continuation Sheet(s) SF-LLL-A, if necessary)		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U.S.C., Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: Print Name: <input style="width: 150px;" type="text" value="Deborah Whitmire"/> Title: <input style="width: 150px;" type="text" value="Senior Vice President"/> Telephone No.: <input style="width: 100px;" type="text" value="803-319-9604"/> Date: <input style="width: 80px;" type="text" value="4/1/25"/>
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