| FEC FORM 1 | STATEMEN ORGANIZA | | PAGE 1 / 4 - Office Use Only | |
|---|--|--|--|------|
| 1. NAME OF COMMITTEE (in full) | X (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| RELX Inc. Polit | ical Action Commit | tee | | |
| ADDRESS (number and street | | | | |
| (Check if address is changed) | Washington CITY ▲ | | DC 20036 STATE ▲ ZIP CODE ▲ | |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| (Check if address is changed) | mioh@skadden.com | ess | | |
| COMMITTEE'S WEB PAGE (Check if address is changed) | ADDRESS (URL) | | | |
| 2. DATE 08 / | 31 / Y Y Y Y 31 2015 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C coo | 0345793 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examined Type or Print Name of Treas | d this Statement and to the best o urer Edward R. Comstock | f my knowledge and belief it is | s true, correct and complete. | |
| Signature of Treasurer | dward R. Comstock | [Electronically Filed] | Date 09 / 01 / 2015 | Y |
| NOTE: Submission of false, er | roneous, or incomplete information m ANY CHANGE IN INFORMATIO | | is Statement to the penalties of 2 U.S.C. §43 FHIN 10 DAYS. | 37g. |
| Office Use Only | | For further information con Federal Election Commission 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 candidate information | ı below.) | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee information below.) | e. (Complete the candidate | | |
| Name of Candidate | | | |
| Candidate Office Party Affiliation Office Sought: House Senate Pres | sident District | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized comm | nittee. | | |
| Name of Candidate | | | |
| Party Committee: | | | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Pa | | |
| Political Action Committee (PAC): | | | |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6 | .) Its connected organization i | | |
| Corporation Corporation w/o Capital Stock | Labor Organizatior | | |
| 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 sep committee. (i.e., nonconnected committee) | arate segregated fund or pa | | |
| 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: | | | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceer committees/organizations, at least one of which is an authorized committee of a federal care | | | |
| (h) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate | | | |
| Committees Participating in Joint Fundraiser | | | |
| 1 FEC ID number | | | |
| 2. FEC ID number | | | |
| 3 FEC ID number C | | | |
| 4 | | | |

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Write or Type Committee Name

Treasurer

RELX Inc. Political Action Committee

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

| RELX Inc. | | | |
|---|---|----------------------------|----------------------------|
| | | | |
| Mailing Address | 1150 18th Street NW #600 | | |
| | | DC 200 | D36 |
| | Washington | | |
| | CITY | STATE | ZIP CODE |
| Relationship: X Connected | d Organization Affiliated Committee Joint F | undraising Representative | Leadership PAC Sponsor |
| | | | |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) | and position of the person | in possession of committee |
| books and records. | tify by name, address (phone number optional) Comstock | and position of the person | in possession of committee |
| books and records. | Comstock | and position of the person | in possession of committee |
| books and records. | | and position of the person | in possession of committee |
| books and records. Edward R. Full Name | Comstock | and position of the person | in possession of committee |
| books and records. Edward R. Full Name | Comstock | | in possession of committee |

| 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 | Edward R. Comstock |
|--------------------------------|--|
| Mailing Address | 313 Washington St., #400 |
| | |
| | Newton MA 02458 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: Telephone number 617 558 4991 |

4991

617

Telephone number

558

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| Full Name of Designated Agent | Kenneth Fogarty |
|-------------------------------------|---|
| Mailing Address | 313 Washington St., #400 |
| | |
| | Newton MA 02458 |
| | CITY STATE ZIP CODE |
| Title or Position Asst. Treasurer | Telephone number 617 630 2104 |

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.

| Citize | | | |
|---------------------------|-----------------------------|---------|----------|
| Mailing Address | 28 State Street, 13th Floor | | |
| | | | |
| | Boston | MA 0210 | 9 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |