STATEMENT OF

PAGE 1 / 4 =

FORM 1		ORG	ANIZA	ATIO	N								
1. NAME OF		(Check	if name	Examp	le:If typing	, type	121	FE4M!		ce Use (Only		
COMMITTEE (in	full)	is char	iged)	over th	ne lines.		121	. 1111.					
American Wa	ater Wo	rks Compa	ny, Inc. I	Federa	al PAC	a/k/a	Ame	rican	Wa	ter F	ede	ral P	PAC
		P.O. BOX 1770											
ADDRESS (number a	•												
(Check if a is changed	address d)												
		VOORHEES	1 1 1 1 1		1 1 1		NJ	1	0804	3	-		. 1
		CITY A					STAT	ΓEΔ			ZIP CC	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS											
(Check if a	address	Steve.Robbi	ns@amwat	ter.com									
is changed	d)												
		Optional Secon	nd E-Mail Add	dress									ı
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)											
2. DATE 0			Y										
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C co	00354548									
4. IS THIS STATEN	MENT	NEW (N)	OR	×	AMEND	ED (A)							
I certify that I have e	examined th	is Statement and	to the best	of my kno	owledge an	d belief it	t is true	, correc	t and	comple	te.		
Type or Print Name	of Treasurer	DEBORAH DE	GILLIO										
Signature of Treasure	er	DRAH DEGILLIO			lectronically	_	Date	0 0		28] ′ [2015	5
NOTE: Submission of		eous, or incomplete ANY CHANGE IN		-						enalties	of 2 l	J.S.C. §	}437g.
Office Use				F	or further infederal Election	n Commiss			I	FEC (Revise	FOR ed 06/2		

Local 202-694-1100

FFC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	1 aye £
Candida	te 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 of Candidate		
Candidate Party Affil	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
(e) ×		nnected organization is
	X 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 se 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 Fu	ndraising 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
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name	9		
American Water Wo	orks Company, Inc. Federa	al PAC a/k/a Ame	rican Water Federal PAC
6. Name of Any Connected (Organization, Affiliated Committee, Joi	int Fundraising Representa	tive, or Leadership PAC Sponsor
American Water Work	s Company, Inc.		
			<u> </u>
Mailing Address	1025 Laurel Oak Road		
Mailing Address			
	Vorhees	NJ	08043
	CITY	STAT	E ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC Sponsor
Kelationship.	Anniated Committee	Joint Landraising Repres	Leader Ship i Ac Sporison
. Custodian of Records: Idea books and records.	ntify by name, address (phone number -	- optional) and position of t	he person in possession of committee
Carrie Nec	cky		ı
Full Name	P.O. Box 1770		
Mailing Address			
	Vorhees	, NJ	08043
Title or Position	CITY	STATE	ZIP CODE
Executive Assistant		Telephone number	856 - 309 - 4802
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of assistant treasurer).	f the treasurer of the comm	ittee; and the name and address of
	1 DEGILLIO		
of Treasurer	P.O. BOX 1770 Vorhees		
Mailing Address			
	Vorhees	NJ	08043
	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	856 - 346 - 8200

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Gilsson F. Inguito	
Mailing Address	P.O. Box 1770	
	Vorhees	
Title or Position	CITY STATE ZIP	CODE
Assistant Treas	surer	_ 4860
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, holds ac oxes or maintains funds. Depository, etc.	scounts, rents
	oxes or maintains funds. Depository, etc. PNC Bank	L. I. I. I. I.
safety deposit be	oxes or maintains funds. Depository, etc. PNC Bank 1600 Market Street	
safety deposit b Name of Bank,	pnc Bank 1600 Market Street	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. PNC Bank 1600 Market Street	
safety deposit be Name of Bank,	PNC Bank 1600 Market Street Philadelphia Philadelphia	P CODE
safety deposit be Name of Bank,	PNC Bank 1600 Market Street Philadelphia PA 19103 CITY STATE ZIP	
safety deposit be Name of Bank, Mailing Address	PNC Bank 1600 Market Street Philadelphia PA 19103 CITY STATE ZIP	
safety deposit be Name of Bank, Mailing Address	PNC Bank 1600 Market Street Philadelphia CITY STATE ZIP Depository, etc.	
safety deposit be Name of Bank, Mailing Address	PNC Bank 1600 Market Street Philadelphia CITY STATE ZIP Depository, etc.	
safety deposit be Name of Bank, Mailing Address	PNC Bank 1600 Market Street Philadelphia CITY STATE ZIP Depository, etc.	