

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

AM WATER WORKS CO INC ALLIANCE FOR AN INFORMED GOV POLICY REGARDING WATER RESOURCE MANGI

ADDRESS (Home or street) PO Box 1770

(Check if address is changed) YORRHEES NJ 08043

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

mstrand@amwater.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 / 06 / 2001

3. FEC IDENTIFICATION NUMBER C00354548

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 it is true, correct and complete

Type or Print Name of Treasurer MARK N. STRAND

Signature of Treasurer _____ Date 04 / 06 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American Water Works Company, Inc. _____

Mailing Address _____ P.O. Box 1770 _____

_____ Voorhees _____ NJ _____ 08043 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Sponsor _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**AM WATER WORKS CO INC ALLIANCE FOR AN INFORMED GOV POLICY REGARDING WATER RESO-
URCE MAN**

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

Full Name **MARK N. STRAND**

Mailing Address **AMERICAN WATER WORKS COMPANY, INC.**
P.O. BOX 1770
VOORHEES NJ 08043

Title or Position ▼ **CUSTODIAN** CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number **856 - 346 - 8291**

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 **MARK N. STRAND**

Mailing Address **AMERICAN WATER WORKS COMPANY, INC.**
P.O. BOX 1770
VOORHEES NJ 08043

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number **856 - 346 - 8291**

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number _____ - _____ - _____

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.

PNC Bank

Mailing Address

11 Berlin Road

Voorhees

NJ

08043

CITY Δ

STATE Δ

ZIP CODE Δ