PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Waste Management Employees Better Government Fund 701 Pennsylvania Ave., NW ADDRESS (number and street) Suite 590 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wmpac@wm.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2017 C00119008 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. Rankin, Devina A., , , Type or Print Name of Treasurer Rankin, Devina A., , , [Electronically Filed] 2017 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	rty Committee:				
(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. FEC ID number C				
;	3. FEC ID number				
	4.				

	FEC Form 1 (Revised (02/2009)	Page 3			
W	/rite or Type Committee Name					
١	Waste Manage	ment Employees Better Government Fund				
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor			
W	/aste Management					
	Mailing Address	1001 Fannin				
	3	Suite 4000				
		Houston TX 77002				
		CITY STATE ZII	PCODE			
	Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor			
	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	Outsourcin	ng LLC, PAC, , ,				
	Full Name	,5845 Richmond Highway				
	Mailing Address	Suite 820				
		Alexandria VA 22303				
	Title or Position	CITY STATE ZIF	P CODE			
	Custodian of Records		7 6551			
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of			
	Full Name Rankin, De of Treasurer	evina A., , ,				
	Mailing Address	701 Pennsylvania Ave., NW				
		Suite 590				
		Washington DC 20004				
	Title on Decition	CITY STATE ZIF	CODE			
	Title or Position Treasurer		9 - 1221			

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Full Name of Designated Agent	Skoutelas, John, , ,				
Mailing Address	701 Pennsylvania Avenue NW				
	Suite 590				
	Washington DC 20004 CITY STATE ZIF	P CODE			
Title or Position Assistant Treasu	urer	9 - 1221			
safety deposit bo	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.				
	Bank of America				
Mailing Address	6011 Oxon Hill Rd				
	Oxon Hill MD 20745				
	CITY STATE ZII	P CODE			
Name of Bank, D	Depository, etc.				
Mailing Address					
	CITY STATE ZII	P CODE			

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

The Statement of Organization (Form 1) has been amended to reflect the new Treasurer and address of the custodian of records.

Form/Schedule: Transaction ID: