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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. WILLBROS GROUP INC. PAC (WILLBROS PAC) 4400 POST OAK PARKWAY ADDRESS (number and street) **SUITE 1000** (Check if address is changed) HOUSTON TX 77027 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Linnie.Freeman@willbros.com (Check if address is changed) Optional Second E-Mail Address sonia.rectenwald@willbros.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00492637 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. Welch, Van, A.,, Type or Print Name of Treasurer Welch, Van, A.,, [Electronically Filed] 04 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

ŗ	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye Z
Can	didate	e Committee:	
(a)	Ш	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 Cand			
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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 secommittee. (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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		
WILLBROS G	ROUP INC. PAC (WILLBROS PAC)	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
WILLBROS GROUP	INC. PAC (WILLBROS PAC)	
	4400 POST OAK PARKWAY	
Mailing Address		
	SUITE 1000 HOUSTON TX	77027
	CITY STATE	ZIP CODE
Relationship: X Connec	eted Organization Affiliated Committee Joint Fundraising Representation	ative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
Freema	n, Linnie, , ,	
Full Name	,4400 Post Oak Parkway	
Mailing Address		
	Ste 1000	
	Houston TX	77027
Title or Position	CITY STATE	ZIP CODE
SVP & General Counse		713 - 403 - 8000
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee ., assistant treasurer).	; and the name and address of
Full Name Welch, \ of Treasurer	√an, A., ,	
Mailing Address	63 Wind Ridge Circle	
	The Woodlands	77381
	CITY STATE	ZIP CODE
Title or Position CFO and Treasurer	Telephone number	713 - 403 - 8000

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Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Tolophono number	I-I
	Telephone number =	
safety deposit bo Name of Bank, I		
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc. Amegy Bank of Texas	
safety deposit bo Name of Bank, I	Depository, etc. Amegy Bank of Texas PO Box 27459	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Amegy Bank of Texas PO Box 27459 Houston TX 77227 CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amegy Bank of Texas PO Box 27459 Houston TX 77227 CITY STATE	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amegy Bank of Texas PO Box 27459 Houston CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Amegy Bank of Texas PO Box 27459 Houston CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Amegy Bank of Texas PO Box 27459 Houston CITY STATE Depository, etc.	ZIP CODE