

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

Water Well PAC, The Water Systems Council PAC

ADDRESS (number and street)

1101 30th St., NW, Suite 500

(Check if address is changed)

Washington

DC

20007

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

beth.salvosa@hklaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

04 / 09 / 2002

3. FEC IDENTIFICATION NUMBER

C C00335588

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

Richard M. Gold

Signature of Treasurer

Electronically Filed by Richard M. Gold

Date

12 / 12 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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 Party Affiliation Office Sought: House Senate President State 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

Water Systems Council _____

Mailing Address **1101 30th Street, N.W., Suite 500** _____

Washington **DC** **20007** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

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

Write or Type Committee Name

Water Well PAC, The Water Systems Council PAC

- 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 **Beth Salvosa**

Mailing Address **2099 Pennsylvania Ave., NW**
Suite 100
Washington DC 20006

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records 202 955 3000

Telephone number

- 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 **Richard M. Gold**

Mailing Address **2099 Pennsylvania Ave. NW**
Suite 100
Washington DC 20006

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer 202 955 3000

Telephone number

Full Name of Designated Agent **Beth Salvosa**

Mailing Address **2099 Pennsylvania Ave., NW**
Suite 100
Washington DC 20006

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Assistant Treasurer 202 955 3000

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.

Wachovia Bank

Mailing Address

2000 L Street, NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲