STATEMENT OF

PAGE 1/6 -

FEC FORM 1		0	RGANI	ZATIO	N				Offic	e Use O	nlv.		
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		ple:If typing the lines.	ı, type	12F	E4M5	-	e Ose O	rily		
Putnam Inv	estme	nts, L	LC Polit	ical Act	ion Co	mmit	tee	('Put	nar	n P	/С ')		
				1									
ADDRESS (number a	nd street)	One Post	Office Square	1 1 1 1			1 1 1	1 1	1 1		1 1	1 1	, I
(Check if a	address												
is changed	d)	Boston					MA	1	0210	9			
		CI	TY 🛦				STAT	l E ▲		Z	IP CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS											
(Check if a is changed		steve_r	maher@putr	am.com					1 1		1 1		
		Optional kcrowl	Second E-Mai	Address en.com		1 1 1	1 1 1	1 1	1 1	1 1 1	1 1	1 1	, I
COMMITTEE'S WEB (Check if a is changed)	address												
2. DATE 1	2 / 26	D / Y	2014										
3. FEC IDENTIFIC	CATION NU	IMBER ▶	. C	C00289595									
4. IS THIS STATEM	MENT X	NEW	(N) OF		AMEND	ED (A)							
certify that I have e	examined th	is Stateme	nt and to the I	pest of my kn	owledge an	d belief it	t is true,	correct	and o	complete	э.		
Type or Print Name	of Treasurer	Andra S	. Bolotin										
Signature of Treasure	er <i>Andra</i> ——	S. Bolotin		[.	Electronically	Filed]	Date	M 01	M /	06	/ Y	2015	Y
NOTE: Submission of			omplete informa							enalties	of 2 U	.S.C. §4	437g.
Office		311111		-	For further inf	ormation o	contact:	3 2,110		EC F	ORI	VI 1	

	Office			For further information contact:
1	Use			Federal Election Commission
_	Only			Toll Free 800-424-9530 Local 202-694-1100

F	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye 🚣
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. (Con information below.)	nplete 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	y Con	nmittee:	(5
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		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 scommittee. (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 Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

г	_		_
'	FEC Form 1 (Revised	02/2009)	Page 3
V	Vrite or Type Committee Name		3
		nents, LLC Political Action Committee ('Pu	tnam PAC')
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	
	utnam Investments,		этр т то оролоо.
Ĺ	unam mvesimems,		
	Mailing Address	One Post Office Square	
		Boston MA 02109	
		CITY STATE	ZIP CODE
	Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
	Stephen E	. Maher	
	Full Name		
	Mailing Address	One Post Office Square	
	3		
		Boston MA 02109-	2106
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Records		760 - 1318
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Andra S. E of Treasurer	oiotin	
	Mailing Address	One Post Office Square	
	-	1	1
		Boston	1_1 1
		CITY STATE	ZIP CODE

617

Telephone number

292

1000

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. Bank of America	accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Bank of America 100 Federal Street Boston MA 02110	zip code
safety deposit bo Name of Bank, [Depository, etc. Bank of America 100 Federal Street Boston CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bank of America 100 Federal Street Boston CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bank of America 100 Federal Street Boston CITY STATE Depository, etc.	
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Bank of America 100 Federal Street Boston CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bank of America 100 Federal Street Boston CITY STATE Depository, etc.	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Great-West Life & Annuity Insurance Company Political Action Committee ('A Great-West Financial Political Action Committee') 8515 E. Orchard Raod Mailing Address 7T2 Greenwood Village CO 80111 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Joint Fundraising Representative Leadership PAC Sponsor Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Empower - A Great-West Political Action Committee 8515 Orchard Road Mailing Address Number 7T2 Greenwood Village CO 80111 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number