Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. SUEZ Water Inc. Federal PAC 461 From Road ADDRESS (number and street) Suite 400 (Check if address is changed) **Paramus** 07652-NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michael.algranati@unitedwater.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2015 C00280156 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. Michael Algranati Type or Print Name of Treasurer Michael Algranati [Electronically Filed] 17 2015 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

Local 202-694-1100

FFC F	form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	. wg
Candida	te 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(Demogratic
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s 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 Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
SUEZ Water Ind	c. Federal PAC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
SUEZ Water Inc. Mailing Address Relationship: X Connected	461 From Road Suite 400 Paramus CITY STATE ZI	
books and records. Adela Wek	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
Full Name	461 From Road Suite 400 Paramus NJ , 07652-3524	1
Title or Position	CITY STATE ZII	P CODE
Custodian of Records		6 4618
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 issistant treasurer).	and address of
Full Name Michael Alg	granati	
Mailing Address	461 From Road	
	Suite 400	
	Paramus NJ 07652-3524	
Title or Position Treasurer	CITY STATE ZIF Telephone number 201 - 765	P CODE 7 - 9300

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Full Name of Designated Robe Agent	erto Cruz		
Mailing Address	461 From Road		
	Suite 400	_	
	Paramus CITY	NJ 07652 STATE	2-3524 ZIP CODE
Title or Position Designated Agent	1	ne number	
safety deposit boxes or Name of Bank, Deposit	ory, etc.	•	
Name of Bank, Deposit	maintains funds.		
Name of Bank, Deposit	maintains funds. cory, etc. nk of America		
Name of Bank, Deposit	maintains funds. cory, etc. nk of America	NJ 07675	5
Name of Bank, Deposit	maintains funds. sory, etc. nk of America One Westwood Ave.		ZIP CODE
Name of Bank, Deposit Bar Mailing Address	maintains funds. fory, etc. One Westwood Ave. Westwood CITY	NJ 07675	
Name of Bank, Deposit Bar Mailing Address	maintains funds. fory, etc. One Westwood Ave. Westwood CITY	NJ 07675	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. fory, etc. One Westwood Ave. Westwood CITY	NJ 07675	
Name of Bank, Deposit	maintains funds. fory, etc. One Westwood Ave. Westwood CITY	NJ 07675	
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Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. fory, etc. One Westwood Ave. Westwood CITY	NJ 07675	

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amended to reflect new committee name and new connected organization name.

Form/Schedule: Transaction ID: