**FEC** 

## **STATEMENT OF**

FORM 1	ORGANI	ZATION													
. •	(See instru	uctions)	Office use only												
NAME OF COMMITTEE (in f	(Check if name is changed)	e Example: If typying, type over the lines	12FE4M5	1 1											
WILLIS NORTH	I AMERICA INC POLITICAL A	ACTION COMMITTEE													
ADDRESS (number and s	treet) 7 HANOVER SQL	JARE													
(Check if addre		111111111	<u> </u>												
is changed)	NEW YORK		LNY	10004   -											
COMMITTEE'S E-MAI	ADDRESS	CITY▲	STATE▲	ZIP CODE ▲											
	I I I I I I I I I I I I I I I I I I I														
COMMITTEE'S WEB	PAGE ADDRESS (URL)														
I	AGE ADDITIEGO (OTIE)			ı											
COMMITTEE'S FAX N	UMBER														
ىيا لىيا															
2. DATE 0 6	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
3. FEC IDENTIFICA	TION NUMBER	C C00418731													
4. IS THIS STATEM	ENT X NEW (N) O	R AMENDED (A)													
4. IOTHIOGRAPEM	LIVI P IVEW (IV)	AWIENDED (A)													
Legrify that I have examin	ned this Statement and to the best of my	v knowledge and belief it is true, corre	oct and complete												
roomy macrimate exami			ot and complete												
Type or Print Name of	Treasurer Luke Durben														
Signature of Treasurer	Electronically Filed by Luke [	Ourben	Date 06	/ 23 / Y Y Y O 6											
NOTE: Submission of fal	se, erroneous, or incomplete information	n may subject the person signing this	Statement to the penalti	es of 2 U.S.C. S437g.											
	ANY CHANGE IN INFOR	RMATION SHOULD BE REPORT	ED WITHIN 10 DAYS												
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2003)											

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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 ca information below.)	ndidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, ublican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
ô.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE ▲ Z	IP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	n
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

WILLIC NODTH	ARACDICA	INC DOLUTION	<b>ACTION COMMITTEE</b>
WILLIS NUR I II	AMERICA	ING POLITICAL	ACTION COMMITTEE

		entify by name, address, (phone numbe e books and records.	r optional), and pos	sition of th	e person in									
Full Name	Mindy	Capps		1 1 1										
Mailing Addres	ss	26 Century Boulevard												
		3 South												
		Nashville	<u></u>	<u> </u>	37214	3695								
Title or Positio	on ♥	CITY A	STA	ГЕ▲	ZIP CO	DE A								
	Financial	Analyst	Telephone number	615	872 3									
Treasurer: I	List the name ddress of any	e and address (phone number optional designated agent (e.g., assistant treasu	) of the treasurer of thurer).	ne commit	ttee; and the									
Full Name of Treasurer	Luke [	Ourben												
Mailing Addres	ss	26 Century Boulevard												
		3 South												
		Nashville	<u></u>	<u> </u>	37214 _	3695								
Title or Position ♥		CITY A	STA	ГЕ▲	ZIP CODE A									
1110 01 1 001110														
	WNA Fina	nncial Report	Telephone number	615	872	3469								
Full Name of Designated Agent	WNA Fina	incial Report	Telephone number	615	872	3469								
Full Name of Designated		nncial Report	Telephone number	615	872	3469								
Full Name of Designated Agent		ancial Report	Telephone number	615	872	3469								
Full Name of Designated Agent	SS	CITY A	Telephone number		ZIP COI									

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.  Name of Bank, Depository, etc.															ents	\$															
	Matter Address			L										ĺ					 					 I	 							_
	Mailing Address			L																					 							
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