

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Ecolab Inc. Political Action Committee

ADDRESS (number and street)

1 Ecolab Place

☐ (Check if address is changed)

St. Paul

CITY ▲

MN

STATE ▲

55102

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Riley.Dowse@ecolab.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
05 / 18 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00101485

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 Dowse, Riley, , Mr.,

Signature of Treasurer Dowse, Riley, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Ecolab Inc. Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Ecolab Inc.

Mailing Address

1 Ecolab Place

Saint Paul

CITY

MN

STATE

55102

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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

Dowse, Riley, , Mr.,

Mailing Address

1 Ecolab Place

St. Paul

CITY

MN

STATE

55102

ZIP CODE

Title or Position

Custodian of Records

Telephone number

651

250

3054

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

Dowse, Riley, , Mr.,

Mailing Address

1 Ecolab Place

St. Paul

CITY

MN

STATE

55102

ZIP CODE

Title or Position

Manager Financial An

Telephone number

651

250

3054

Full Name of
Designated
Agent

Rasmussen, Sara, , ,

Mailing Address

1 Ecolab Pl

St. Paul

CITY

MN

STATE

55102

ZIP CODE

Title or Position

Telephone number

651

250

4314

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.

US Bank

Mailing Address

PO Box 1800

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1N

Transaction ID :

Amending FEC-Form 1 to reflect the departure of Justin Englert as Assistant Treasurer and Custodian of Records of Ecolab PAC and to designate Sara Rassmussen as Assistant Treasurer and Custodian of Records of Ecolab PAC.

Form/Schedule:

Transaction ID: