Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) WILLIS NORTH AMERICA INC POLITICAL ACTION COMMIT 200 Liberty St. ADDRESS (number and street) **Brookfield Place** (Check if address is changed) **NEW YORK** 10281 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul.hilliar@willistowerswatson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.willistowerswatson.com (Check if address is changed) DATE 01 2018 C00418731 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. Hilliar, Paul, , Mr., Type or Print Name of Treasurer Hilliar, Paul, , Mr., [Electronically Filed] 02 2018 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

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	COMMITTEE 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
	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 se committee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o 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

Γ	-		
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٧	Vrite or Type Committee Name		
1	WILLIS NORTH	I AMERICA INC POLITICAL ACTION COM	MMITTEE
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
١N	IONE		
L			
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY STATE	ZIP CODE
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
	Full Name Hilliar, Pau of Treasurer	l, , Mr.,	
	Mailing Address	800 North Glebe Rd.	
	Č	10th Floor	
		Arlington	_
			ZIP CODE

Telephone number

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Full Name of Designated	1			
Agent				
Mailing Address				
		CITY	STATE	ZIP CODE
Title or Position				
			Telephone number	
Banks or Other safety deposit b Name of Bank,		or other depositories in whic	in the commutee deposits	
safety deposit b	oxes or maintains funds.	or other depositories in whic	The commutee deposits	
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank	or other depositories in whice	The commutee deposits	
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank	or other depositories in whice	TN	37230
safety deposit b Name of Bank,	Suntrust Bank PO Box 305110	or other depositories in whice		
safety deposit b Name of Bank,	Suntrust Bank PO Box 305110 Nashville			37230
safety deposit b Name of Bank, Mailing Address	Depository, etc. Suntrust Bank PO Box 305110 Nashville Nashville	CITY	TN	37230 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust Bank PO Box 305110 Nashville Nashville	CITY	TN	37230
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