FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		instructions)		Office use only
1. NAME OF COMMITTEE (in	(Check if full) is change		typying, type es 1	2FE4M5
ı Putnam İnves	tments Inc. Public Affairs	Committee		
	One Post Of	ice Square		
ADDRESS (number and	street)			
(Check if addi				
is onaligos,	Boston		L	MA 02109 - 1 1 1 1
001441775510 5 144	W 4DDD500	CITY▲	ST	ZIP CODE ▲
COMMITTEE'S E-MA mward@skad				
		1 1 1 1 1 1 1 1		
	PAGE ADDRESS (UDL)			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			,
COMMITTEE'S FAX I 202-371-7683	NUMBER			
2. DATE M 1		Y		
3. FEC IDENTIFICA	ATION NUMBER	C C002895	95	
4. IS THIS STATEM	MENT X NEW (N)	OR A	MENDED (A)	
I certify that I have exam	ined this Statement and to the bes	of my knowledge and belief	it is true, correct and co	mplete
Type or Print Name of	Treasurer Joseph F	P. Petitti		
Signature of Treasure	Electronically Filed by Jo	seph P. Petitti	Date	e 03 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·	mation may subject the person		nt to the penalties of 2 U.S.C. S437g.
Office Use Only		Federa Toll Fr	rther information conta al Election Commission see 800-424-9530	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 candidate information below.)						
	Name of Candidate						
	Candidate Office House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		Democratic, lepublican,etc.) Party.					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party					
6.	Name of Any Connected Organization or Affiliated Committee	1					
L							
	Mailing Address One Post Office Square						
	Boston MA 0	2109					
	CITY A STATE A	ZIP CODE 🛦					
	Relationship Connected						
	Type of Connected Organization:						
	X Corporation Corporation w/o Capital Stock Labor Organiza	ation					
	Membership Organization Trade Association Cooperative						

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٧	Vrite or Type Commit	ee Name						
	Putnam Invest	ments Inc. P	ublic Affairs Committee					
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							
	Mailing Address		One Post Office Squar	е				
		_	Boston		02109 _			
	Title or Position ♥		CITY A	STATE▲	ZIP CODE A			
	A	sst. Treasure	er	Telephone number	7 760 1318			
	of Treasurer Mailing Address	Joseph P.	P. Petitti One Post Office Square					
			Boston		02109			
	Title or Position ♥		CITY A	STATE	ZIP CODE ▲			
	т	reasurer		Telephone number 61	7 760 7536			
	Full Name of Designated Agent	Steven B. I	Maher					
	Mailing Address		One Post Office Squar	е				
		_	Boston		02109			
	Title or Position ♥		CITY A	STATE ▲	ZIP CODE A			
	A	sst. Treasure	er	Telephone number 61	7			

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9.	safety deposit boxes or maintains funds.						
	Name of Bank, D	epository, etc.					
		Fleet Bank					
	Mailing Address	100 Federal Street					
		Boston MA 02110] – [

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷