Image# 15951443983				05/27/2015 14 : 55
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 5
				e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
United Water In	c. Federal PAC			
ADDRESS (number and street)	461 From Road			
<ul><li>(Check if address is changed)</li></ul>	Suite 400			
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR				
<ul> <li>(Check if address is changed)</li> </ul>	michael.algranati@unit	teawater.com		
	Optional Second E-Mail Ad	dress le.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 06 /	01 / Y Y Y Y 2015			
3. FEC IDENTIFICATION	NUMBER ► C c	00280156		
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 co	omplete.
Type or Print Name of Treasu	rer Michael Algranati			
Signature of Treasurer	chael Algranati	[Electronically Filed]	Date 05	27 / Y Y Y Y 2015
NOTE: Submission of false, erro	pneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on <b>F</b>	EC FORM 1 Revised 06/2012)

FEC For	rm 1 (Revised 02/2009) Page 2			
TYPE OF C	OMMITTEE			
Candidate	e 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. (Complete the candidate information below.)			
Name of Candidate	L			
Candidate Party Affiliatio	on Office Sought: House Senate President District			
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Com	nmittee:			
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par			
Political A	ction Committee (PAC):			
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is			
	Corporation Corporation w/o Capital Stock			
	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 segregated fund or par committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fund	Iraising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
Com	mittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4.	FEC ID number			

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## United Water Inc. Federal PAC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

United Water Inc.				
Mailing Address	461 From Road			
	Suite 400			
	Paramus	NJ	07652-3524	
	CITY	STATE	ZIP CODE	
Relationship: 🗙 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee				

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Adela Wek	selblatt
Full Name	
Mailing Address	461 From Road
	Suite 400
	Paramus NJ 07652-3524
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number     201     -     836     -     4618

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	Michael Algranati
Mailing Address	461 From Road
	Paramus [NJ 07652-3524 ] - []
	CITY STATE ZIP CODE
Title or Position Treasurer	Image: Telephone number     201     767     9300

Full Name of Designated Agent	Roberto Cruz	
Mailing Address	461 From Road	
	Suite 400	
	Paramus       NJ       07652-3524         Image: State of the state of th	
	CITY STATE ZIP CODE	
Title or Position Designated Age	t Telephone number	

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.

Bank c	f America		
Mailing Address	One Westwood Ave.		
	Westwood	NJ	07675
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## :97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: F1A Transaction ID :

Amended to reflect new committee address

Form/Schedule: Transaction ID: