Only

STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SUEZ Water Inc. Federal PAC 461 From Road ADDRESS (number and street) Suite 400 (Check if address is changed) **Paramus** 07652-NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim.michaelson@suez-na.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2018 C00280156 FEC IDENTIFICATION NUMBER > 3. 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. Michaelson, Timothy J,,, Type or Print Name of Treasurer Michaelson, Timothy J,,, [Electronically Filed] 01 05 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

TYPE OF COMMITTEE Candidate 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 information below.) Name of Candidate Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee:	e
Candidate 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 information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee:	e
(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 information below.) Name of Candidate Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee:	e
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee:	e
information below.) Name of Candidate Candidate Party Affiliation Candidate Party Affiliation Candidate President Distr Committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee:	e
Candidate Party Affiliation Candidate Party Affiliation Candidate Party Affiliation Candidate President Distr Candidate Candidate President Distr Candidate President Distr Candidate Party Committee:	
Party Affiliation Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee:	
Name of Candidate Party Committee:	
Candidate Party Committee:	
(National State (Democra	
	atic, an, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	ative
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 committee. (i.e., nonconnected committee)	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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

FEC Form 1 (Revised 02/2009)		Page 3
Write or Type Committee Name		. ago o
SUEZ Water Inc. Federal PA	·C	
6. Name of Any Connected Organization, Affiliated C		entative or Leadership PAC Sponsor
	ommittee, some rundraising repres	chalive, or Leadership i Ao Sporisor
SUEZ Water Inc.		
461 From Rd Mailing Address		
Ste 400		
Paramus		NJ 07652-3526
	CITY	STATE ZIP CODE
		_
Relationship: x Connected Organization Affiliate	d Committee Joint Fundraising Ro	epresentative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (pr books and records. 	one number optional) and position	of the person in possession of committee
Wekselblatt, Adela, , ,		ı
Full Name		
Mailing Address Ste 400		
		07050 0500
Paramus		NJ 07652-3526
Title or Position	SITY S	TATE ZIP CODE
Custodian of Records	Telephone number	er 201 – 836 – 4618
3. Treasurer: List the name and address (phone number any designated agent (e.g., assistant treasurer).	optional) of the treasurer of the co	ommittee; and the name and address of
Full Name Michaelson, Timothy J, , ,		1
of Treasurer		
Mailing Address 461 From Road		
Suite 400		
Paramus		NJ 07652-3526 -
C Title or Position	ITY S	TATE ZIP CODE
Treasurer	Telephone numbe	r 201 - 767 - 9300

TEC FOIL	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Anolik, Gary, , ,	
Mailing Address	461 From Road	
	Suite 400	
	Paramus NJ CITY STATE	07652-3526 ZIP CODE
Title or Position Designated Age	nt Telephone number	201 - 767 - 9300
Banks or Other safety deposit bo Name of Bank, D	Bank of America	s funds, holds accounts, rents
Mailing Address	One Westwood Ave.	
	Westwood	07675
	CITY STATE	ZIP CODE
Name of Bank, D		ZIP CODE
Name of Bank, D		ZIP CODE
Name of Bank, E		ZIP CODE
		ZIP CODE
		ZIP CODE

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1N Transaction ID:

Amendment to update PAC Email, Treasurer, & Designated Agent.

Form/Schedule: Transaction ID: