PAGE 1 / 4

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) Water Well PAC, The Water Systems Council PAC 1455 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 452 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS peggyh@theaccordgroup.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00335588 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. Peggy M Hartness Type or Print Name of Treasurer Peggy M Hartness [Electronically Filed] 2014 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 Only Local 202-694-1100

| ı | FEC Fo i | rm 1 (Revised 02/2009) | Page 2 |
|--------------|------------------------|---|--|
| TYPE | E OF C | OMMITTEE : | |
| (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. (Cominformation below.) | nplete the candidate |
| Name Cand | e of lidate | | |
| | lidate ⁄ Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of lidate | | |
| Parl | ty Con | nmittee: (National, State | (Domocratic |
| (d) | | This committee is a committee of the committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | \times | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a: |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization X 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 secommittee. (i.e., nonconnected committee) | egregated 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.) | |
| Join | t Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| | _ | | | | | |
|----|--|--|-------------------------|-------------------|-----------------------|--|
| _ | FEC Form 1 (Revised (| | | | Page 3 | |
| | Write or Type Committee Name | | Council DA | \ C | | |
| _ | | C, The Water Systems | | | | |
| 6. | - - | Organization, Affiliated Committee, Joint Fo | undraising Represent | ative, or Leaders | snip PAC Sponsor | |
| V | Vater Systems Counc | ;i l | | | | |
| L | | | | | | |
| | Mailing Address | 1101 30th Street NW | | | | |
| | | | | | | |
| | | Washington | DC | 20007 | - | |
| | | CITY | STA | ATE | ZIP CODE | |
| | Relationship: X Connected | d Organization | Joint Fundraising Repre | osontativo 16 | eadership PAC Sponsor | |
| | Kelationship. | 1 Organization Anniated Committee | Joint Fundraising Repre | esentative Le | adership FAC Sponsor | |
| 7. | Custodian of Records: Ider books and records. | ntify by name, address (phone number op | tional) and position of | the person in po | ssession of committee | |
| | Full Name | | | | | |
| | Mailing Address | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| | Title or Position | CITY | STAT | Ë | ZIP CODE | |
| | | | Telephone number | | | |
| 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 Peggy Har of Treasurer | tness | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | Title or Position | CITY | STAT | E | ZIP CODE | |
| | | | Telephone number | | [-] [| |

| FEC For | 1 (Revised 02/2009) | Page 4 | | | | | |
|-------------------------------------|--|---------------|--|--|--|--|--|
| | | | | | | | |
| Full Name of Designated Agent | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | CITY STATE | ZIP CODE | | | | | |
| Title or Position | Telephone number | | | | | | |
| safety deposit be | 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. Wells Fargo | | | | | | |
| Mailing Address | PO Box 6995 | | | | | | |
| | Portland OR 97228 | | | | | | |
| | | | | | | | |
| | CITY STATE | ZIP CODE | | | | | |
| Name of Bank, | | ZIP CODE | | | | | |
| Name of Bank, | | ZIP CODE | | | | | |
| Name of Bank, Mailing Address | Depository, etc. | ZIP CODE | | | | | |
| | Depository, etc. | ZIP CODE | | | | | |
| | Depository, etc. | ZIP CODE | | | | | |