STATEMENT OF

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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. Thornton Tomasetti, Inc.PAC 51 Madison Ave ADDRESS (number and street) 19th Floor (Check if address is changed) New York 10010 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS legaldepartment@thorntontomasetti.com (Check if address is changed) Optional Second E-Mail Address AGoldbaum@thorntontomasetti.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00638072 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. Goldbaum, Andrew, , , Type or Print Name of Treasurer Goldbaum, Andrew, , , [Electronically Filed] 09 08 2017 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

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COM		
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.	
	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee: (National, State	(Democratic,
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party
Political Acti	on Committee (PAC):	
(e) x T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
[Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (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.)	
Joint Fundrai	sing Representative:	
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3		
4.		

FFC Form 1 (Davised)	22/2000)	Dogo 2
FEC Form 1 (Revised) Write or Type Committee Name		Page 3
Thornton Toma		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	in PAC Sponsor
-		.р.т.о оролоо.
WEIDLINGER ASSOC	DATES INC. PAC	
Mailing Address	40 WALL STREET 19TH FLOOR	
	NEW YORK NY 10005	
	CITY STATE 2	ZIP CODE
	d Organization X Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
books and records.		
Goldbaum Full Name	, Andrew, , ,	1
Mailing Address	51 Madison Ave	
Walling Address	19th Floor	
	New York NY 10010	
Title or Position	CITY STATE Z	ZIP CODE
Treasurer/COO		661 7800
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	ne and address of
Full Name Goldbaum of Treasurer	, Andrew, , ,	
Mailing Address	51 Madison Ave	
	19th Floor	
	New York NY 10010	
Title or Position Treasurer/COO		(IP CODE 61 7800
<u> </u>	Telephone number	

FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated Zale Agent	eznik, Rimma, , ,	
Mailing Address	51 Madison Ave	
	19th Floor	
	New York 1001 CITY STATE	ZIP CODE
Title or Position CFO	Telephone number 917 –	661 - 7800
	ositories: List all banks or other depositories in which the committee deposits funds, h	iolds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	iolds accounts, rents
safety deposit boxes of Name of Bank, Depos	ells Fargo	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. ells Fargo	
safety deposit boxes of Name of Bank, Depos	ells Fargo	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. ells Fargo 420 Montgomery St San Francisco CA 9410 CITY STATE)4
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. sitory, etc. ells Fargo 420 Montgomery St San Francisco CA 9410 CITY STATE)4
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Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. ells Fargo 420 Montgomery St San Francisco CA 9410 CITY STATE)4

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____

(h). Joint Fundraisi	ıg Participant:		
1.		FEC ID numb	per C
2.		FEC ID numb	per C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spon
Thornton Tomase	?tti, Inc .		
	_I 51 Madison Ave		
Mailing Address	19th Floor		
	New York	N)	10010
Relationship:	CITY A	STAT	E ▲ ZIP CODE ▲
x Connecte	d Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee by by name, address (phone number – option		sentative Leadership PAC S
esignated Agent: Identif			sentative Leadership PAC S
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esignated Agent: Identif			Sentative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – option		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – option	nal)	
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address (phone number – option	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or m ame of Bank, epository, etc.	y by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A