

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAILCENTER

2024 JUL 19 PM 12:32

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Water Action Network

ADDRESS (number and street)

122 15th Ave N

(Check if address is changed)

St Petersburg

CITY ▲

FL

STATE ▲

33704

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

KACote@ME.com

Optional Second E-Mail Address

KathyWater@GMAIL.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WaterActionNetwork.ORG

2. DATE

07 / 14 / 2024

3. FEC IDENTIFICATION NUMBER ▶

C

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 complete.

Type or Print Name of Treasurer

KATHLEEN A. COTE

Signature of Treasurer

KACote

Date

07 / 14 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| | | | | |
|-----------------|--|--|--|--|
| Office Use Only | | | | |
|-----------------|--|--|--|--|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

NON-FEDERAL CAMPAIGN FINANCING

5. 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6) Its connected organization is a
 - Corporation Corporation w/o Capital Stock Labor Organization
 - 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 party 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 Fundraising 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.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|--------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> |
| 2. | _____ | FEC ID number | <input type="checkbox"/> |
| 3. | _____ | FEC ID number | <input type="checkbox"/> |
| 4. | _____ | FEC ID number | <input type="checkbox"/> |

20024107122103100477270

Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Kathleen Cote

Mailing Address

706 18th Ave NE

St Petersburg

FL

33704

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

617-885-2200

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

Kathleen Cote

Mailing Address

706 18th Ave NE

St Petersburg

FL

33704

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

617-885-2200

NON-FEDERAL CAMPAIGN INFORMATION

Full Name of Designated Agent

MARY FAHY

Mailing Address

122 15th Ave N

ST PETERSBURG

CITY

FL

STATE

33704

ZIP CODE

Title or Position

CHAIR

Telephone number

727-424-6987

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

TRUIST FINANCIAL CORP

Mailing Address

360 Central St

Suite 150

ST PETERSBURG

CITY

FL

STATE

33701

ZIP CODE

Name of Bank, Depository, etc

Mailing Address

CITY

STATE

ZIP CODE

NON-PROFIT CORPORATION

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____

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

_____ *None* _____

Mailing Address _____

Relationship: _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number - optional)

Full Name *Kathleen Cole* _____
 Mailing Address *206 18th Ave NE* _____

St Petersburg _____ *FL* _____ *33704* _____

TITLE OR POSITION ▼ *Treasurer* _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲
 Telephone Number *617-835-2200* _____

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. *TRUST FINANCIAL CORP* _____
 Mailing Address *360 Central St* _____
Suite 150 _____
St Petersburg _____ *FL* _____ *33704* _____
 CITY ▲ STATE ▲ ZIP CODE ▲

11074001WB121101ANON

