PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) EnergySolutions, Inc. Fund for Effective Government (EnergySolutions PAC) 299 South Main Street ADDRESS (number and street) Suite 1700 (Check if address is changed) Salt Lake City 84111 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jxwadsworth@energysolutions.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.energysolutions.com (Check if address is changed) DATE 03 2016 C00387878 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. Jill Wadsworth Type or Print Name of Treasurer Jill Wadsworth [Electronically Filed] 2016 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. FEC FORM 1 (Revised 06/2012)

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

FE(	C <b>For</b> i	<b>n 1</b> (Revised 02/2009)	Page <b>2</b>
		MMITTEE 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. (Cor information below.)	nplete the candidate
Name o Candida			
Candida Party A		Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	mittee:  (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Politic	al Ac	tion Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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 F	undr	aising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 treatment to committees/organizations, none of which is an authorized committee of a federal candidate.	
(	Comn	nittees Participating in Joint Fundraiser	
	1.		
	2.	<u> </u>	
	3.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
EnergySolutions,	Inc. Fund for Effective Government (EnergyS	solutions PAC)
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	<u></u>
EnergySolutions, Inc.		
1		<u>                                     </u>
Mailing Address	299 South Main Street	
Mailing Address	Suite 1700	
	Salt Lake City UT 84111	<u>                                     </u>
	CITY STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Ider books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the person in p	possession of committee
Jill Wadsw	vorth	<u> </u>
Mailing Address	299 South Main Street	
Ç	Suite 1700	
	Salt Lake City UT 84111	1
Title or Position	CITY STATE	ZIP CODE
Treasurer		649 – 2023
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Jill Wadsw of Treasurer	/orth	
Mailing Address	299 South Main Street	
	Suite 1700	
	Salt Lake City UT 84111	
Title or Position , Treasurer	CITY STATE	ZIP CODE 649   2023
<u> </u>	Telephone number	

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Full Name of Designated	Casey Hill	, , , , , , , , , , , , , , , , , , ,				
Agent  Mailing Address	299 South Main Street					
g 122.000	Suite 1700					
	Salt Lake City UT 84111  CITY STATE ZIF	P CODE				
Title or Position Chair		9				
safety deposit bo	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.					
	Zions Bank					
Mailing Address	One South Main Street					
	Salt Lake City UT 84133					
	CITY STATE ZII	P CODE				
Name of Bank, [	Depository, etc.					
Mailing Address						
	CITY STATE ZII	P CODE				