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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) Republic Svcs. Inc. Employees for Better Govt. PAC 18500 North Allied Way ADDRESS (number and street) (Check if address is changed) Phoenix 85054 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2016 C00428391 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. Russ Knocke Type or Print Name of Treasurer Russ Knocke [Electronically Filed] 03 08 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. 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

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|--------------|--|--|--|--|--|--|--|
| TYPI | E OF C | OMMITTEE | . wyo 2 | | | | |
| Can | ididate | te Committee: | | | | | |
| (a) | Ш | 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.) | | | | | |
| Nam Cand | e of didate | | | | | | |
| | didate / Affiliati | on Office Sought: House Senate President | State | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name Cand | e of didate | | | | | | |
| Par | ty Con | Committee: | | | | | |
| (d) | | This committee is a (National, State or subordinate) 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 co | nnected organization is a | | | | |
| | | X 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 fu 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.) | | | | | |
| Join | t Fund | Iraising 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. | wo or more political | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political | | | | |
| | Com | Committees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | | |
| | 2. | FEC ID number | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

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|---|--|--------------------------------|-------------------------------------|
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| Write or Type Committee Nar | me | | |
| Republic Svcs | . Inc. Employees for | Better Govt. Pr | AC |
| 6. Name of Any Connected | Organization, Affiliated Committee, Jo | oint Fundraising Representat | ive, or Leadership PAC Sponsor |
| Republic Services Ind | c. (fka Allied Waste NA) | | |
| | | | |
| Mailing Address | 18500 North Allied Way | | |
| | | | |
| | Phoenix | AZ | 85054 |
| | CITY | STAT | ZIP CODE |
| | _ | _ | _ |
| Relationship: X Connect | ed Organization Affiliated Committee | Joint Fundraising Repres | entative Leadership PAC Sponsor |
| Custodian of Records: Id books and records. | entify by name, address (phone number | optional) and position of th | e person in possession of committee |
| Dan Jam | neson | | |
| Full Name | ,18500 North Allied Way | | |
| Mailing Address | | | |
| | | | |
| | Phoenix | AZ | 85054 |
| Title or Position | CITY | STATE | ZIP CODE |
| Custodian of Records | | Telephone number | 480 - 627 - 2700 |
| 8. Treasurer: List the name a any designated agent (e.g., | and address (phone number optional) (, assistant treasurer). | of the treasurer of the commit | tee; and the name and address of |
| Full Name Russ Knoor Treasurer | ocke | | |
| Mailing Address | 18500 N Allied Way | | |
| | | | |
| | Phoenix | AZ | 85054 |
| Title or Decision | CITY | STATE | ZIP CODE |
| Title or Position Treasurer | | Telephone number | 480 - 627 - 2700 |

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|---|----------------------------------|---|--|--|--|--|--|
| | | | | | | | |
| Full Name of Designated | Shawn Brady | | | | | | |
| Agent | 1220 Commerce St. SW | , | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | Conover NC 28613 CITY STATE ZII | P CODE | | | | | |
| Title or Position Assistant Treasu | urer Telephone number 803 - 396 | 6 3432 | | | | | |
| 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. | | | | | | | |
| | Compass Bank | | | | | | |
| Mailing Address | 15685 N Greenway-Hayden Loop S | | | | | | |
| | | | | | | | |
| | Scottsdale AZ 85260 | | | | | | |
| | CITY STATE ZI | P CODE | | | | | |
| Name of Bank, [| Depository, etc. | | | | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | CITY STATE ZI | P CODE | | | | | |

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This registration is being amended to disclose new Committee officers. Please update your records accordingly.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** David M Call Full Name 18500 North Allied Way Mailing Address 85054 Phoenix ΑZ Title or Position CITY # **STATE** ZIP CODE 480 627 Secretary Telephone number [ADDITIONAL] Joint Fundraiser Participant FEC ID number