FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Messer North America, Inc. Alliance for Good Government (Messer PAC) 200 Somerset Corporate Boulevard ADDRESS (number and street) 7th Floor (Check if address is changed) Bridgewater 08807-2862 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bindya.chohan@messer-us.com is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00695239 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. Type or Print Name of Treasurer Chohan, Bindya,, 80 21 2023 Signature of Treasurer Chohan, Bindya, , , Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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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 Office House Senate President	State			
Party Affiliation Sought: House Senate President	District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate				
Party Committee:				
(Mational, State (Democ	cratic, ican, etc.) Party			
Political Action Committee (PAC):				
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:			
X Corporation Corporation w/o Capital Stock Labor	or Organization			
	pperative			
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.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	d PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	· ·			
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				
1C				
C				

Treasurer

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V	Vrite or Type Committee Name			\
		nerica, Inc. Alliance for Good	•	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor			
	Messer North Americ	a, Inc.		
	Mailing Address	200 Somerset Corporate Blvd		
		FI7		
		Bridgewater	NJ 08807-28	362
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint	Fundraising Representative	eadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and	d position of the person in possession	on of committee
	Chohan, Bi	ndya, , ,		
	Full Name			
	Mailing Address	200 Somerset Blvd. STE 7000		
		Bridgewater	NJ 08807	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Tele	phone number 201 - 6	673 - 3395
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 Chohan, Bi	ndya, , ,		
	Mailing Address	200 Somerset Blvd. STE 7000		
		Bridgewater	NJ 08807	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

201

Telephone number

673

3395

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Full Name of Designated Agent	Rai, Parul, , ,					
Mailing Address	200 Somerset Blvd. STE 7000					
	Bridgewater NJ 088	307 				
Title on Desition	CITY ▲ STATE ▲	ZIP CODE ▲				
Title or Position Assistant Treas		356 8922				
Assistant freds	Telephone number					
Banks or Othe	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,	Name of Bank, Depository, etc.					
	JP Morgan Chase Bank					
Mailing Address	PO Box 182051					
	Columbus OH 432	18				
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STATE ▲	ZIP 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:

Amended Statement of Organization updating Treasurer, Custodian of Records, and email.

Form/Schedule: Transaction ID: