Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Water Quality Association Political Action Committee (WQA-PAC) 2375 Cabot Drive ADDRESS (number and street) (Check if address is changed) Lisle 60532 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS wqa-pac@wqa.org (Check if address is changed) Optional Second E-Mail Address ∣ikari@wga.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00624643 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. Kari, Jordan, , Mr., Type or Print Name of Treasurer Kari, Jordan, , Mr., [Electronically Filed] Date 01 2023 Signature of Treasurer 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

| FEC | Form <sup>2</sup>  | 1 (Revised 03/2022)  | Page 2                |  |  |  |  |
|-----|--|--|-----------------------|--|--|--|--|
| . 1 | TYPE C   | 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 information below.)  | ne candidate          |  |  |  |  |
|     | Name<br>Candid   |  |                       |  |  |  |  |
|     | Candid<br>Party  | date Office House Senate President   | State                 |  |  |  |  |
| (   | c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |                       |  |  |  |  |
|     | Nam<br>Cand  | ne of<br>didate  |                       |  |  |  |  |
| F   | Party Committee:   |  |                       |  |  |  |  |
| (   | d)   | This committee is a (National, State (Democrati or subordinate) committee of the Republican  | c,<br>, etc.) Party   |  |  |  |  |
| F   | Political Action Committee (PAC):  |  |                       |  |  |  |  |
| (   | e) 🗶   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | ed organization is a: |  |  |  |  |
|     |  | Corporation Corporation w/o Capital Stock Labor C  | Organization          |  |  |  |  |
|     |  | Membership Organization  | ative                 |  |  |  |  |
|     | 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 pa 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.  |  |                       |  |  |  |  |
| (   | This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).   |  |                       |  |  |  |  |
|     | In addition, this committee is a Lobbyist/Registrant PAC.  |  |                       |  |  |  |  |
| _   | Joint F  |  |                       |  |  |  |  |
| (   | (i) 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. |  |                       |  |  |  |  |
| (   | j) 🔲   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political     |  |  |  |  |
|     | Com  | mittees Participating in Joint Fundraiser  |                       |  |  |  |  |
|     | 1  | C  |                       |  |  |  |  |
|     | _  | C  |                       |  |  |  |  |

Government Affairs

|    | _   |  |                                  | <del></del>          |  |  |  |
|----|---|--|----------------------------------|----------------------|--|--|--|
| l  | FFC Form 1 (Posice  | 4 00/0000/                               |                                  | Doma 3               |  |  |  |
| V  | FEC Form 1 (Revise Write or Type Committee Na   | <u> </u>                                 |                                  | Page 3               |  |  |  |
|    |   |  | ion Committee (WC                | DA-PAC)              |  |  |  |
| 6. | Water Quality Association Political Action Committee (WQA-PAC)  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |  |                                  |                      |  |  |  |
|    | Water Quality Ass   | _  | •                                |                      |  |  |  |
|    |   |  |                                  |                      |  |  |  |
|    |   |  |                                  |                      |  |  |  |
|    | Mailing Address   | 4151 Naperville Road                     |                                  |                      |  |  |  |
|    |   |  |                                  |                      |  |  |  |
|    |   | Lisle                                    | IL     6053.                     | 2                    |  |  |  |
|    |   | CITY ▲                                   | STATE ▲                          | ZIP CODE ▲           |  |  |  |
|    | Relationship: X Connec  | ted Organization Affiliated Organization | Joint Fundraising Representative | Leadership PAC Spons |  |  |  |
|    | nelationship.   | Allillated Organization                  | John Fundraising hepresentative  | Leadership FAC Spons |  |  |  |
|    |   |  |                                  |                      |  |  |  |
| 7. | <b>Custodian of Records:</b> Identify by name, address (phone number optional) and position of the person in possession of committee books and records.                               |  |                                  |                      |  |  |  |
|    | Kari, Jo  | rdan, , Mr.,                             |                                  |                      |  |  |  |
|    | Full Name   |  |                                  |                      |  |  |  |
|    | Mailing Address   | 2375 Cabot Drive                         |                                  |                      |  |  |  |
|    |   |  |                                  |                      |  |  |  |
|    |   | Lisle                                    | IL 6053.                         | 2                    |  |  |  |
|    |   | CITY ▲                                   | STATE ▲                          | ZIP CODE ▲           |  |  |  |
|    | Title or Position ▼   |  |                                  |                      |  |  |  |
|    | Government Affairs  |  | Telephone number 815 -           | 277 - 7607           |  |  |  |
| 8. | <b>Treasurer:</b> 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 Kari, Jo  | ordan, , Mr.,                            |                                  |                      |  |  |  |
|    | of Treasurer  |  |                                  |                      |  |  |  |
|    | Mailing Address   | 2375 Cabot Drive                         |                                  |                      |  |  |  |
|    |   |  |                                  |                      |  |  |  |
|    |   | Lisle                                    | IL   6053.                       | 2                    |  |  |  |
|    |   | CITY ▲                                   | STATE ▲                          | ZIP CODE ▲           |  |  |  |
|    | Title or Position ▼   |  |                                  |                      |  |  |  |

Telephone number

7607

| FEC <b>Form</b> 1                   | (Revised 02/2009)  |                 | Page <b>4</b>             |  |  |  |
|-------------------------------------|--|-----------------|---------------------------|--|--|--|
| Full Name of<br>Designated<br>Agent |  |                 |                           |  |  |  |
| Mailing Address                     | 1  | 1 1 1 1 1       |                           |  |  |  |
|                                     |  |                 |                           |  |  |  |
|                                     |  | 1 , 1 1         |                           |  |  |  |
|                                     | CITY ▲   | STATE A         | ZIP CODE ▲                |  |  |  |
| Title or Position                   |  | OTATE =         | 211 0002 =                |  |  |  |
|                                     | Telephone num  | nber            |                           |  |  |  |
|                                     | Depositories: List all banks or other depositories in which the committees or maintains funds. | e deposits fund | ds, holds accounts, rents |  |  |  |
| Name of Bank, [                     | epository, etc.  |                 |                           |  |  |  |
|                                     | Wintrust Bank  |                 |                           |  |  |  |
| Mailing Address                     | 231 South LaSalle Street   |                 |                           |  |  |  |
|                                     | Suite 0100S  |                 |                           |  |  |  |
|                                     | Chicago  | IL              | 60604                     |  |  |  |
|                                     | CITY A   | STATE ▲         | ZIP CODE ▲                |  |  |  |
| Name of Bank, Depository, etc.      |  |                 |                           |  |  |  |
|                                     |  |                 |                           |  |  |  |
| Mailing Address                     |  |                 |                           |  |  |  |
|                                     |  |                 |                           |  |  |  |
|                                     |  |                 |                           |  |  |  |
|                                     | CITY ▲   | STATE ▲         | ZIP CODE ▲                |  |  |  |