FEC FORM 1	STATEMEN ORGANIZA		0	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
NATIONAL GRO	UND WATER ASSO	OCIATION POLITI	CAL ACTIO	
ADDRESS (number and street)	601 DEMPSEY RD			
(Check if address				
is changed)	WESTERVILLE		OH   430	081
	CITY ▲		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	smagers@ngwa.org			
	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 08 /	01 / Y Y Y Y 2022			
3. FEC IDENTIFICATION	NUMBER ► C co	00340836		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and	l complete.
Type or Print Name of Treasu	Irer Magers, Samantha, , ,			
Signature of Treasurer	gers, Samantha, , ,	[Electronically Filed]	Date 01	12 / Y Y Y Y 2023
NOTE: Submission of false, erro	oneous, or incomplete information i ANY CHANGE IN INFORMAT	may subject the person signing t TON SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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;.	TYPE OF COMMITTEE:		
	Candidate Committee:		
	(a) This committee is a principal camp	paign committee. (Complete the candidate informati	ion below.)
	(b) This committee is an authorized control information below.)	ommittee, and is NOT a principal campaign commi	ittee. (Complete the candidate
	Name of Candidate		
		fice House Senate	State President District
	(c) This committee supports/opposes of	only one candidate, and is NOT an authorized con	
	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) <b>x</b> This committee is a separate segre	egated fund. (Identify connected organization on lin	ne 6.) Its connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	K Membership Organization	Trade Association	Cooperative
	✗ In addition, this committee	e is a Lobbyist/Registrant PAC.	
		more than one Federal candidate, and is NOT a s	eparate segregated fund or party
	In addition, this committe	e is a Lobbyist/Registrant PAC.	
	In addition, this committe	e is a Leadership PAC. (Identify sponsor on line 6	S.)
	(g) This committee is an independent	expenditure-only political committee (Super PAC).	
	In addition, this committe	e is a Lobbyist/Registrant PAC.	
	(h) This committee is a political comm	ittee with both contribution and non-contribution ac	ccounts (Hybrid PAC).
		e is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:

(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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

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6.	Nam Na			-						-												itte	е,	, Jo	oin	t F	un	dra	ais	ing	R	epr	es	en	tat	ive	, <b>O</b> I	r L	ea	de	rsł	nip	P	AC	Sp	or	ISOR
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Mailing Address	601 Dempsey Rd		
	Westerville	OH	<b>  43081</b>   _   _   _   _   −   _   _   _
	CITY A	STATE ▲	ZIP CODE
Relationship: X Connect	ed Organization Affiliated Organization	Joint Fundraising Represent	ative 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.

Magers, Sa	imantha, , ,
Full Name	
Mailing Address	5312 Riley Rd
	Johnstown  OH  43031
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Director of Finance	Telephone number  614  -  898  -  7791

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	Magers, Samantha, , ,
of Treasurer	
Mailing Address	5312 Riley Rd
	Johnstown  OH  43031
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Director of Finance	Telephone number

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Full Name of Designated Agent					1												1												
Mailing Address																													
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Title or Position ▼																													
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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.

JP Mor	gan Chase		
Mailing Address	77 Huber Village Blvd		
	Westerville	OH 43081	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository,	ətc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲