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For help completing Form 1, please double-click the

## STATEMENT OF

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| FEC<br>FORM 1   |           | OI                      | RGANI                     | ZATIO    | ON   |                   | <br>  5010 oc        |                   | ce Use Only                           |                     |            |
|---|-----------|-------------------------|---------------------------|----------|--|-------------------|----------------------|-------------------|---------------------------------------|---------------------|------------|
| NAME OF COMMITTEE (in   | n full)   | 1 1 '                   | Check if name<br>changed) |          | mple:If typing,<br>the lines.                            | type              | 12FE4                | olimen edirectori | eresissed.                            |                     | _          |
| The Electr  | ic Emr    | oloyee                  | s <sub>ı</sub> Çomr       | ηittee   | of The I   | Jnite <sub></sub> | d <sub>ı</sub> Illym | ņiņat             | ing C                                 | отрапу              | <u>'</u> ] |
| ADDRESS (number and street)  (Check if address is changed)  157 Church P.O. Box 15  |           |                         |                           | <u></u>  | t<br>  |                   | CT <sub>1</sub>      | 65                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <sub>J-[</sub> 0901 | ]          |
| COMMITTEE'S E-MA  | AIL ADDRE | SS (Please <sub>l</sub> | provide only or           |          | dress)   | •                 | JINIL                |                   | 211 0                                 |                     |            |
| (Check if is change   |           | jrudia<br>L             | ak@ctgc                   | orp.qor  | n  |                   |                      | 1 1 1             | 1 1 1                                 | ! ! i ! !           |            |
| COMMITTEE'S WEE   | PAGE AD   | DRESS (UR               | IL)                       |          |  |                   |                      |                   |                                       |                     | (          |
| (Check if is change   |           |                         |                           | 1 1 1 1  |  |                   |                      |                   | 1 1 1                                 |                     |            |
| 2. DATE 07 19 2016  |           |                         |                           |          |  |                   |                      |                   |                                       |                     |            |
| 3. FEC IDENTIFICATION NUMBER C 00216341   |           |                         |                           |          |  |                   |                      |                   |                                       |                     |            |
| 4. IS THIS STATE  | MENT      | NEW                     | (N) OF                    | <u> </u> | AMENDE   | ED (A)            |                      | ,                 |                                       |                     |            |
| Type or Print Name of Treasurer  Type or Print Name of Treasurer  |           |                         |                           |          |  |                   |                      |                   |                                       |                     |            |
| Signature of Treasurer Date 07 21 2016  |           |                         |                           |          |  |                   |                      |                   |                                       |                     |            |
| 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<br>Use   |           |                         |                           |          | For further info<br>Federal Election<br>Toll Free 800-42 | Commissio         |                      |                   | FEC FO                                |                     |            |

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| FEC F                      | orm 1 (Revised 02/2009)  | Page 2                            |
|----------------------------|--|-----------------------------------|
|                            | COMMITTEE e Committee:   |                                   |
| \$100g                     |  |                                   |
| (a)                        | This committee is a principal campaign committee. (Complete the candidate information below.)  |                                   |
| (p) (p)                    | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete th information below.)   | e candidate                       |
| Name of<br>Candidate       |  | <u> </u>                          |
| Candidate<br>Party Affilia | Permistratural Prof. Sect. Date:   | itrict                            |
| (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                   |
| Name of<br>Candidate       |  |                                   |
| Party Co                   |  |                                   |
| (d) %                      | This committee is a (National, State or subordinate) committee of the Republic   | ratic,<br>can, etc.) Party        |
| Political a                | Action Committee (PAC):  |                                   |
| (e) X                      | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | organization is                   |
| _                          | Corporation Corporation w/o Capital Stock Labor  | · Organization                    |
|                            |  | erative                           |
| `                          | In addition, this committee is a Lobbyist/Registrant PAC.  |                                   |
| (f) (g)                    | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)   | ed fund or party                  |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  | V                                 |
|                            | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                                   |
| Joint Fur                  | ndraising Representative:  |                                   |
| (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.  | ore political                     |
| (h)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.  | ore political                     |
| Co                         | mmittees Participating in Joint Fundraiser   |                                   |
| 1,                         |  | agennegan-agenerge a              |
| 2.                         |  | ankiraanskarterikearsekkins       |
| 3.                         |  |                                   |
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| 4.                         | FEC ID number C  | elle energie versetten speech van |

| The Flectric Em   |  | he United Illumir               | nating Company                |  |  |
|---|--|---------------------------------|-------------------------------|--|--|
| The Electric Employees Committee of The United Illuminating Company  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor         |  |                                 |                               |  |  |
| See Attached  |  |                                 |                               |  |  |
|   | <u> </u>                                 |                                 |                               |  |  |
| Mailing Address   |  |                                 |                               |  |  |
|   |  |                                 |                               |  |  |
|   | CITY                                     | STATE                           | ZIP CODE                      |  |  |
| Relationship: Connecte  | d Organization Affiliated Committee      | oint Fundraising Representative | Leadership PAC Sponsor        |  |  |
| <ol> <li>Custodian of Records: Idea<br/>books and records.</li> </ol>   | ntily by name, address (phone number opt | ional) and position of the pers | on in possession of committee |  |  |
| Full Name Laura   | Hill<br>1                                |                                 |                               |  |  |
| Mailing Address   | c/o Connecticut Natural G                | as                              |                               |  |  |
|   | 77 Hartland Street,                      |                                 |                               |  |  |
|   | East Hartford                            | <u>CT</u>                       | 06108                         |  |  |
| Title or Position   | СІТҮ                                     | STATE                           | ZIP CODE                      |  |  |
| Secretary   |  | Telephone number                |                               |  |  |
| <ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of<br/>any designated agent (e.g., assistant treasurer).</li> </ol> |  |                                 |                               |  |  |
| Full Name of Treasurer  | a Wells                                  |                                 |                               |  |  |
| Mailing Address   | 180 Marsh Hill Road                      |                                 |                               |  |  |
|   | M/\$ AD-2A                               |                                 |                               |  |  |
|   | Orange city                              | CT<br>STATE                     | 06477 1 - 1 - 1 - 1           |  |  |
| Title or Position  Treasurer  | <u> </u>                                 | Telephone number i              | <u> </u>                      |  |  |

|  |                   |  | <del></del>                |
|--|-------------------|--|----------------------------|
| FEC Form 1 (Revis                                      | ed 02/2009)       |  | Page 4                     |
|  |                   |  |                            |
| Full Name of<br>Designated<br>Agent                    |                   |  |                            |
| Mailing Address  |                   | 1 1 1 1 1 1 1 1                              |                            |
|  |                   | 1.11111                                      |                            |
|  | CITY              | STATE  | ZIP CODE                   |
| Title or Position                                      |                   |  |                            |
|  | Teleph            | one number                                   |                            |
| safety deposit boxes or ma<br>Name of Bank, Depository |                   | committee deposits tu                        | nds, holds accounts, rents |
| Mailing Address  | 195 Church Street |  | 11111111                   |
|  |                   | <u></u>                                      |                            |
|  | New Haven         | CT   | 06510                      |
|  | CITY              | STATE  | ZIP CODE                   |
| Name of Bank, Depository                               | etc.              |  | •                          |
|  |                   |  |                            |
| Mailing Address  |                   |  |                            |
|  |                   | <u>i                                    </u> |                            |
|  |                   |  |                            |
|  | CITY              | STATE  | ZIP CODE                   |

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

## The Electric Employees Committee of The United Illuminating Company

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**UIL Holdings Corporation Employees Federal PAC** 

Mailing Address 157 Church Street, New Haven, CT 06510

Relationship: Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

**AVANGRID Political Action Committee** 

Mailing Address 52 Farm View Drive, New Gloucester, ME 04260-5100

Relationship: Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

**AVANGRID** 

Mailing Address 52 Farm View Drive, New Gloucester, ME 04260-5100

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

The United Illuminating Company

Mailing Address 157 Church Street, New Haven, CT 06510

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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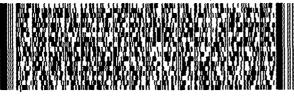
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FEDERAL ELECTION COMMISSION

999 E STREET NW

WASHINGTON DC 20463 (203) 499-2053 REF: 59045 INV: PO: 11000411





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PREPARER (3/2015)

7/26/16 DATE PREPARED