FEC

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) is changed) over the lines. MWH Americas, Inc. PAC 380 Interlocken Crescent Suite 200 ADDRESS (number and street) (Check if address is changed) Broomfield 80021 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS thomas.g.payne@us.mwhglobal.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2015 C00242370 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. Thomas G. Payne Type or Print Name of Treasurer Thomas G. Payne [Electronically Filed] 12 2015 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	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. (Compinformation below.)	lete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, lepublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	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 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 seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		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.	o or more political
(h)		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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

		_
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Write or Type Committee Nam		
MWH Americas	s, Inc. PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
MWH Americas, Inc.		
Mailing Address	380 Interlocken Crescent Suite 200	
	Broomfield CCC	
Relationship: X Connected	ed Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of	the person in possession of committee
Janie Pad	checo	
Full Name	,7237 Church Ranch Blvd Ste 410	
Mailing Address		
	Westminster	80021
Title or Position	CITY STAT	E ZIP CODE
Custodian of Records	Telephone number	303 - 385 - 5512
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comn assistant treasurer).	nittee; and the name and address of
Full Name Thomas G	3. Payne	ı
of Treasurer	Jacob Interdedical Conseque	
Mailing Address	380 Interlocken Crescent	
	Suite 200	
	Broomfield CC	
Title or Position Treasurer	CITY STATI	303 533 1943

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes o Name of Bank, Depos	itory, etc.	
safety deposit boxes o Name of Bank, Depos	or maintains funds.	
safety deposit boxes of Name of Bank, Depos	ells Fargo	91790
safety deposit boxes of Name of Bank, Depos	ells Fargo	
safety deposit boxes of Name of Bank, Depos	r maintains funds. itory, etc. Pells Fargo 1000 Lake Drive West Covina CITY STATE	91790
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