

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 OCT 20 Office Use Only 8:15

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12 FE4 MEC MAIL CENTER

Asea Brown Boveri (ABB) Policy Improvement Program

ADDRESS (number and street)

1455 Pennsylvania Avenue, NW

Willard Building Suite 1130

Washington

DC

20004

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM

DD

YYYY

3. FEC IDENTIFICATION NUMBER

CC00041947

4. 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

Mary M. Tripp

Signature of Treasurer

Mary M. Tripp

Date

MM

DD

YYYY

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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Federal Election Commission  
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 PREPARER

10/23/14  
 DATE PREPARED

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