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. NATIONAL TOOLING & MACHINING ASSOCIATION (NTMA) COMMITTEE FOR A STRONG ECONOMY 1357 Rockside Road ADDRESS (number and street) (Check if address is changed) Cleveland 44134 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bscebbi@ntma.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ntma.org (Check if address is changed) DATE 2019 C00043091 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. Scebbi, Brigette, , , Type or Print Name of Treasurer Scebbi, Brigette, , , [Electronically Filed] 07 12 2019 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

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TYPE OF C	OMMITTEE 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	

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Write or Type Committee Name	e	
NATIONAL TOOLING 8	MACHINING ASSOCIATION (NTMA) COMMITTEE FOR A ST	RONG ECONOMY
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
National Tooling & Ma	ichining Assoc. (NTMA)	
	9, 17577. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4057 Paskaida Paad	
Mailing Address	1357 Rockside Road	
	Cleveland OH 44134	
	CITY STATE	ZIP CODE
Relationship: x Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in p	possession of committee
Bowles, A	utumn, , ,	
Full Name	1357 Rockside Road	
Mailing Address		
	Cleveland , OH , 44134	
	Clevelariu	
Title or Position	CITY STATE	ZIP CODE
Acctg Clerk		248 6862
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Scebbi, Br	igette, , ,	
Mailing Address	1357 Rockside Road	
	Cleveland OH 44134	
Title or Position	CITY STATE	ZIP CODE
Treasurer		248 6862

FEC Form 1 (Re		
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. rgan Stanley Smith Barney 1050 Connecticut Ave NW	
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. rgan Stanley Smith Barney	20036
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. rgan Stanley Smith Barney 1050 Connecticut Ave NW	
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. rgan Stanley Smith Barney 1050 Connecticut Ave NW Washington CITY STATE	20036
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safety deposit boxes or Name of Bank, Deposit Mol Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. rgan Stanley Smith Barney 1050 Connecticut Ave NW Washington CITY STATE ory, etc.	20036
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safety deposit boxes or Name of Bank, Deposit Mol Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. rgan Stanley Smith Barney 1050 Connecticut Ave NW Washington CITY STATE ory, etc. Morgan Chase Bank, N.A.	20036