FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	_	Office use only
NAME OF COMMITTEE (in fi	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
California State	Pipe Trades Council Voluntary Po	olitical Action Fund	
<u> </u>		1 1 1 1 1 1 1 1 1	<u> </u>
ADDRESS (number and st	reet) 1123 L Street		
(Check if addre is changed)	Sacramento		CA 95814 -
COMMITTEE'S E-MAIL kitt@calpipes.c	ADDRESS	ITY ▲	STATE▲ ZIP CODE ▲
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	JMBER		
سا لسا			
2. DATE 0.2	7 23 7 Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C	C00265033	
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowler	dge and belief it is true, correct and	d complete
Type or Print Name of T	reasurer Ted Reed	369700mm	
Signature of Treasurer	Electronically Filed by Ted Reed	369700mm	Date 02 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may su		
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF COMMITTEE (Check One)	
	(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. (Complete the cainformation below.)	ndidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the Rep	mocratic, publican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
5.	Name of Any Connected Organization or Affiliated Committee United Assn of Journeymen&Apprentices of the Plumbing&PipeFitting Ind of the US&CanadaPAC	3
	Mailing Address	
	Mailing Address	
	Washington DC 200	001 _
	CITY STATE Z	ZIP CODE A
	Relationship Affiliated	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock X Labor Organization	n
	Membership Organization Trade Association Cooperative	

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W	rite or Type Committee Na	ame		
	California State Pip	pe Trades Council Voluntary Political	Action Fund	
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.			the person in
	Full Name	d Reed		
	Mailing Address	1123 L Street		
		Sacramento	CA	95814 _
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Custo	dian of Records	Telephone number	
3.	name and address of	ame and address (phone number option fany designated agent (e.g., assistant transfer designated agent (e.g.,		nittee; and the
	Maining / Notices			
		Sacramento	CA	95814
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	Treas	urer	Telephone number 916	446 7311
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

Telephone number

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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.			unts, rents
	Name of Bank, Depository, etc.	Bank of California	
	Mailing Address	700 L Street	
		Sacramento CA 958	814

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Corporation

Membership Organization

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Banks or Other Depositors safety deposit boxes or management of Bank, Depository	aintains funds.		ls accounts, rents
Mailing Address			
	CITY 🚄	STATE △	ZIP CODE 🛆
Name of Any Connected	d Organization or Affiliated Committee		[ADDITIONAL]
California State Pipe	Trades Council	'	
Camornia State Fipe	Trades council		
	1100 Chroat		
Mailing Address	1123 L Street		
	Sacramento	CA	95814
	CITY	STATE A	ZIP CODE
Relationship Col	nnected		
Type of Connected Organ	nization:		
		_	

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ▼	CITY &	STATE▲ Telephone number	ZIP CODE A