| Image# 201612069037648540                                  |  |   |                        | PAGE 1 / 4                      |
|--|--|---|------------------------|---------------------------------|
| FEC<br>FORM 1  | STATEME<br>ORGANIZ   |   |                        |                                 |
|  |  |   | Off                    | ice Use Only                    |
| 1. NAME OF<br>COMMITTEE (in full)                          | (Check if name is changed)                                   | Example: If typing, type over the lines.  | 12FE4M5                |                                 |
|  |  |   |                        |                                 |
|  |  |   |                        |                                 |
|  | 180 S WASHINGTON, Suite                                      | 100   |                        |                                 |
| ADDRESS (number and street)                                |  |   |                        |                                 |
| (Check if address is changed)                              |  |   |                        |                                 |
| lo onangoa)  | FALLS CHURCH   |   | VA 2204                | 46                              |
|  |  |   | L L_⊥_<br>STATE ▲      |                                 |
|  | -  |   |                        |                                 |
| COMMITTEE'S E-MAIL ADDR                                    |  |   |                        |                                 |
| (Check if address is changed)                              | staylor@naphcc.org   |   |                        |                                 |
| is changed)  | Optional Second E-Mail Ad                                    | dress   |                        |                                 |
|  | riso@naphcc.org  |   |                        |                                 |
|  |  |   |                        |                                 |
| COMMITTEE'S WEB PAGE A<br>(Check if address<br>is changed) | ADDRESS (URL)  |   |                        |                                 |
| 2. DATE 12   | 06 / Y Y Y Y<br>2016   |   |                        |                                 |
| 3. FEC IDENTIFICATION                                      | NUMBER ► C C   | 00157875  |                        |                                 |
| 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 i  | t is true, correct and | complete.                       |
|  |  |   |                        |                                 |
| Type or Print Name of Treasu                               | Irer Riso, Mark, , ,   |   |                        |                                 |
| Signature of Treasurer                                     | so, Mark, , ,  | [Electronically Filed]  | Date 12                | 06 / Y Y Y Y<br>06 2016         |
| NOTE: Submission of false, error                           | oneous, or incomplete information<br>ANY CHANGE IN INFORMATI | may subject the person signing  |                        | penalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only                                      |  | For further information<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                        | FEC FORM 1<br>(Revised 06/2012) |

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| -                  |   |  |
|--------------------|---|--|
| FE                 | Form 1 (Revised 02/2009)  | Page <b>2</b>                            |
| TYPE (             | F COMMITTEE   |  |
| Candi              | late 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 information below.)  | e. (Complete the candidate               |
| Name o<br>Candida  |   |  |
| Candida<br>Party A |   | State ident District                     |
| (C)                | This committee supports/opposes only one candidate, and is NOT an authorized comm   | ittee.                                   |
| Name o<br>Candida  |   |  |
| Party              | Committee:  |  |
| (d)                | This committee is a   (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party. |
| Politic            | al Action Committee (PAC):  |  |
| (e)                | This committee is a separate segregated fund. (Identify connected organization on line 6.   | ) Its connected organization is a        |
|                    | Corporation Corporation w/o Capital Stock   | Labor Organization                       |
|                    | Membership Organization   | Cooperative                              |
|                    | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
| (f)                | This committee supports/opposes more than one Federal candidate, and is NOT a sepacement of the support of the | arate segregated 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 F            | undraising Representative:  |  |
| (g)                | This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal car   |  |
| (h)                | This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.   |  |
|                    | committees Participating in Joint Fundraiser  |  |
|                    | FEC ID number   |  |
| :                  | E   |  |
| ;                  |   |  |
|                    | FEC ID number C   |  |

Mailing Address

Relationship:

| FEC Form 1 (Revised 02/2009)   | Page <b>3</b>      |
|--|--------------------|
| Write or Type Committee Name   |                    |
| NATIONAL ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS PA  | C AKA PHCC-PAC     |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader | ership PAC Sponsor |
| NATIONAL ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS PAC A                                       | KA PHCC-PAC        |
| 180 S WASHINGTON Suite 100   |                    |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CITY

Affiliated Committee

FALLS CHURCH

★ Connected Organization

22046

ZIP CODE

Leadership PAC Sponsor

VA

1

STATE

Joint Fundraising Representative

| Full Name         |      |                  |          |
|-------------------|------|------------------|----------|
| Mailing Address   |      |                  |          |
|                   |      |                  |          |
|                   |      |                  |          |
| Title or Position | CITY | STATE            | ZIP CODE |
|                   |      | Telephone number |          |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name Riso, Ma                       | ark, , ,<br>                  |
|--|-------------------------------|
| Mailing Address                          | 180 S Washington Street       |
|  |                               |
|  | Falls Church VA 22046         |
|  | CITY STATE ZIP CODE           |
| Title or Position<br>VP of Gov Relations | Telephone number 703 237 8100 |

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FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent |  |  |  |  |  |  |   |     |   |  |  |    |      |     |     |    |     |     |  |  |  |  |    |  | 1  |   |  |  |
|-------------------------------------|--|--|--|--|--|--|---|-----|---|--|--|----|------|-----|-----|----|-----|-----|--|--|--|--|----|--|----|---|--|--|
| Mailing Address                     |  |  |  |  |  |  |   |     |   |  |  |    |      |     |     |    |     |     |  |  |  |  |    |  |    |   |  |  |
|                                     |  |  |  |  |  |  |   |     |   |  |  | 1  |      |     |     |    |     |     |  |  |  |  |    |  |    |   |  |  |
|                                     |  |  |  |  |  |  |   |     |   |  |  |    |      |     |     |    |     |     |  |  |  |  |    |  |    |   |  |  |
|                                     |  |  |  |  |  |  | C | 'TI | ſ |  |  |    |      |     |     |    | ST  | ATE |  |  |  |  | ZI |  | OD | Ε |  |  |
| Title or Position                   |  |  |  |  |  |  |   |     |   |  |  |    |      |     |     |    |     |     |  |  |  |  |    |  |    |   |  |  |
|                                     |  |  |  |  |  |  |   |     |   |  |  | Те | lepł | non | e n | um | ber |     |  |  |  |  |    |  |    |   |  |  |

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.

| Name | of | Bank, | Depository, | etc. |
|------|----|-------|-------------|------|
|------|----|-------|-------------|------|

| Wells F                     | argo Bank              |                |
|-----------------------------|------------------------|----------------|
| Mailing Address             | 1970 Chain Bridge Road |                |
|                             |                        |                |
|                             | McLean                 | VA 22102       |
|                             | CITY                   | STATE ZIP CODE |
| Name of Bank, Depository, e | etc.                   |                |
|                             |                        |                |
| Mailing Address             |                        |                |
|                             |                        |                |
|                             |                        |                |
|                             | CITY                   | STATE ZIP CODE |