PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pipe Trades District Council No. 36 Federal PAC 555 Capitol Mall, Suite 1425 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@olsonhagel.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00521286 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. William Taylor Type or Print Name of Treasurer William Taylor [Electronically Filed] 05 13 2013 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. FEC FORM 1 (Revised 06/2012)

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

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye 🚣
Car	ndidate	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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b>(D</b> )
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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	
	4.		

Γ		
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Write or Type Committee Nam	ne	
Pipe Trades Di	strict Council No. 36 Federal PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Pipe Trades District C	Council No. 36	
	4842 Nutcracker Lane	
Mailing Address		
	Modesto CA 95356	
	CITY STATE Z	IP CODE
Relationship: X Connected	ed Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
redutionship.	20 organization 2 / initiated Softmittee 2 soft 1 and disting representative 2 soft	cromp i rio oponoci
<ol> <li>Custodian of Records: Idea         books and records.         Lance H.</li> </ol>	entify by name, address (phone number optional) and position of the person in posson	ession of committee
Full Name	,555 Capitol Mall, Suite 1425	
Mailing Address		
	Sacramento CA 95814	
Title or Position	CITY STATE Z	IP CODE
Custodian of Records	Telephone number 916 - 4.	42   -   2952
8. <b>Treasurer:</b> List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
Full Name William F.	. Taylor	ı
of Treasurer	4842 Nutcracker Lane	
Mailing Address	TOTZ INCIDIAGE LARIE	
	Modesto CA 95356	
Title or Position	CITY STATE ZI	IP CODE
Treasurer	209   33	38 <sub>   </sub> 0751 <sub> </sub>

Telephone number

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Full Name of Designated	None	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.  Depository, etc.	ords decoding, rents
safety deposit b	oxes or maintains funds.  Depository, etc.  Union Bank  P.O. Box 513840	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Union Bank  P.O. Box 513840	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Union Bank  P.O. Box 513840	
safety deposit b Name of Bank,	Depository, etc.  Union Bank  P.O. Box 513840	
safety deposit b Name of Bank,	Depository, etc.  Union Bank  P.O. Box 513840  Los Angeles  CITY  STATE	1
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Union Bank  P.O. Box 513840  Los Angeles  CITY  STATE  Depository, etc.	1
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Union Bank  P.O. Box 513840  Los Angeles  CITY  STATE  Depository, etc.	1
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Union Bank  P.O. Box 513840  Los Angeles  CITY  STATE  Depository, etc.	1
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safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Union Bank  P.O. Box 513840  Los Angeles  CITY  STATE  Depository, etc.	1