Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. NATIONAL ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS PAC AKA PHCC-PAC 180 S WASHINGTON, Suite 100 ADDRESS (number and street) (Check if address is changed) **FALLS CHURCH** 22046 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS staylor@naphcc.org (Check if address is changed) Optional Second E-Mail Address staylor@naphcc.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00157875 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. John Lieske Type or Print Name of Treasurer John Lieske [Electronically Filed] 01 15 2016 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

Local 202-694-1100

| FFC: | Form 1 (Revised 02/2009) | Page 2 | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| TYPE OF | COMMITTEE | . ago 2 | |
| Candida | te 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. (Complete the candidate information below.) | | |
| Name of Candidate | | | |
| Candidate Party Affil | ation Office Sought: House Senate President | State | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name of Candidate | | | |
| Party C | ommittee: | | |
| (d) | | (Democratic, Republican, etc.) Part | |
| Political | Action Committee (PAC): | | |
| (e) X | | nected organization is | |
| \-/ | Corporation Corporation W/o Capital Stock | Labor Organization | |
| | Membership Organization X 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 se 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 Fu | ndraising Representative: | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political | |
| Co | mmittees Participating in Joint Fundraiser | | |
| 1. | FEC ID number | | |
| 2. | FEC ID number | | |
| 3. | FEC ID number | | |
| 4. | | | |

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|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
| Write or Type Committee Name | | <u> </u> |
| NATIONAL ASSOCIATI | ON OF PLUMBING-HEATING-COOLING CONTRACTORS PAC | AKA PHCC-PAC |
| | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh | |
| | | |
| NATIONAL ASSOCIATIO | N OF PLUMBING-HEATING-COOLING CONTRACTORS PAC AKA | PHCC-PAC |
| | | |
| Mailing Address | 180 S WASHINGTON, Suite 100 | |
| | | |
| | FALLS CHURCH VA 22046 | |
| | CITY STATE 2 | ZIP CODE |
| Relationship: X Connected | d Organization Affiliated Committee Joint Fundraising Representative Lead | dership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the person in poss | session of committee |
| Full Name | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY STATE Z | ZIP CODE |
| | Telephone number | |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer). | ne and address of |
| Full Name John Liesk | е | 1 |
| of Treasurer | J190 South Washington Street | |
| Mailing Address | 180 South Washington Street | |
| | Suite 100 | |
| | Falls Church VA 22046 | |
| Title or Position , Director of Finance | | TIP CODE 37 8100 |
| | Telephone number | - 0100 |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|--|--|--|
| | | | | | |
| Full Name of Designated Agent | <u></u> | <u></u> | | | |
| Mailing Address | | | | | |
| - | | | | | |
| | CITY STATE | ZIP CODE | | | |
| Title or Position | |] | | | |
| 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 Fargo Bank | | | | | |
| Mailing Address | 1970 Chain Bridge Road | | | | |
| | | | | | |
| | McLean VA 2 | 2102 | | | |
| | CITY STATE | ZIP CODE | | | |
| Name of Bank, [| Depository, etc. | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |