

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

California State Pipe Trades Council Voluntary Political Action Fund

ADDRESS (number and street)

1123 L Street

☐ (Check if address is changed)

Sacramento

CITY ▲

CA

STATE ▲

95814

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

kristina@calpipes.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 24 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00265033

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 it is true, correct and complete.

Type or Print Name of Treasurer Gregory A. Partch (369700-mm)

Signature of Treasurer

Gregory A. Partch (369700-mm)

[Electronically Filed]









Date

MM / DD / YYYY
07 / 24 / 2015

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

California State Pipe Trades Council Voluntary Political Action Fund**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Gregory A. Partch

Mailing Address 1123 L Street

Sacramento

CA

95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

446

7311

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 of Treasurer Gregory A. Partch

Mailing Address 1123 L Street

Sacramento

CA

95814

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

916

446

7311

Full Name of
Designated
Agent

None

Mailing Address

Title or Position

Telephone number

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.

Union Bank of California

Mailing Address

700 L Street

Sacramento

CA

95814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE