STATEMENT OF

PAGE 1 / 4

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. INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE 25 Massachusetts Ave. NW ADDRESS (number and street) Suite 500N (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS msmith@ingaa.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00116145 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. Smith, Michael, , , Type or Print Name of Treasurer Smith, Michael, , , [Electronically Filed] 02 28 2022 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 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye Z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / 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:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.		

		_ I
FEC Form 1 (Revised 02/2009)		Page 3
Write or Type Committee Name		
INTERSTATE NATURAL GAS	S ASSOCIATION OF AMERICA POLITICAL A	ACTION COMMITTEE
6. Name of Any Connected Organization	n, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Interstate Natural Gas Associa	ition of America	
		<u> </u>
25 Massac	chusetts Ave. NW	
Mailing Address Suite 500N	N	
		20001
Washingto	JII	
	CITY STATE	ZIP CODE
Relationship: x Connected Organization	on Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: Identify by nam books and records. 	ne, address (phone number optional) and position of the person	on in possession of committee
Smith, Michael, , ,		
	chussets Ave NW	
Mailing AddressSUITE 50	NN	
		,20001
WASHING	GTON	
Title or Position	CITY STATE	ZIP CODE
PAC Treasurer	Telephone number 918	698 - 6242
3. Treasurer: List the name and address (_j any designated agent (e.g., assistant tre	phone number optional) of the treasurer of the committee; an asurer).	nd the name and address of
Full Name Smith, Michael, , ,		1
of Treasurer	chussets Ave NW	
Mailing Address		
SUITE 500)N	
WASHING	GTON DC	20001
Title or Position	CITY STATE	ZIP CODE
PAC Treasurer	Telephone number 918	

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Straquadine, Anthony, , , Jr.	
Mailing Address	25 Massachusetts Ave. NW	
	Suite 500N	
	Washington DC 20001 CITY STATE ZI	IP CODE
Title or Position Assistant Treasu	urer Telephone number 202 - 21	16 5915
	Depositories: List all banks or other depositories in which the committee deposits funds, holds axes or maintains funds. Depository, etc.	accounts, rents
safety deposit bo	ves or maintains funds. Depository, etc. Wells Fargo PO Box 6995	accounts, rents
safety deposit bo Name of Bank, D	ves or maintains funds. Depository, etc. Wells Fargo	accounts, rents
safety deposit bo Name of Bank, D	Portand Portand Oepository, etc. OR 197228	accounts, rents
safety deposit bo Name of Bank, D	Portand CITY STATE ZI Depository, etc. OR P7228	
safety deposit bo Name of Bank, E Mailing Address	Portand CITY STATE ZI Depository, etc. OR P7228	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Wells Fargo PO Box 6995 Portand CITY STATE ZI Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo PO Box 6995 Portand CITY STATE ZI Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo PO Box 6995 Portand CITY STATE ZI Depository, etc.	