PAGE 1/6 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Southern California Pipe Trades District Council 16 Federal PAC 555 Capitol Mall, Suite 400 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) www.dc16.org (Check if address is changed) DATE 30 2019 C00437467 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. Cobos, Rodney, , , Type or Print Name of Treasurer Cobos, Rodney,,, [Electronically Filed] 30 2019 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

		1 (Paying 10/0000)	Dogo 2
		omm 1 (Revised 02/2009) OMMITTEE	Page 2
		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. (Cor 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.	District
Name Cand	e of lidate		
Par	ty Con	nmittee:	(Domo ovatio
(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 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 t 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 C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

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FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name	<u> </u>		. aga a
Southern Califo	ornia Pipe Trades District Cour	ncil 16 Feder	al PAC
	Organization, Affiliated Committee, Joint Fundraising Rep		
Southern California Pi	pe Trades District Council 16		
Mailing Address	501 Shatto Place, Suite 400		
	Los Angeles	CA 90020	
	CITY	STATE	ZIP CODE
Relationship:	d Organization Affiliated Committee Joint Fundraisin	ng Representative Lea	ndership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and pos	ition of the person in pos	session of committee
Andrews, Full Name	Emily, , ,		
Mailing Address	555 Capitol Mall, Suite 400		
	Sacramento	CA 95814	
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		umber 916 - 1	442 - 2952
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	ne committee; and the nar	ne and address of
Full Name Cobos, Ro	dney, , ,	<u> </u>	
Mailing Address	501 Shatto Place, Suite 400		
	Los Angeles	CA 90020	

CITY

ZIP CODE

4262

487

STATE

Telephone number

213

FEC For n	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	None, , , ,	
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Democitoring, List all hanks or other democitories in which the committee democits founds had	accounts, rents
Banks or Other safety deposit bo Name of Bank, I		
safety deposit bo Name of Bank, I	oxes or maintains funds.	
safety deposit bo	Depository, etc. Union Bank	
safety deposit bo Name of Bank, [Depository, etc. Union Bank	
safety deposit bo Name of Bank, [Depository, etc. Union Bank 445 South Figueroa Street Los Angeles CA 90071	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. Union Bank 445 South Figueroa Street Los Angeles CITY STATE Z	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Union Bank 445 South Figueroa Street Los Angeles CITY STATE Z	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Union Bank 445 South Figueroa Street Los Angeles CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Union Bank 445 South Figueroa Street Los Angeles CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Union Bank 445 South Figueroa Street Los Angeles CITY STATE Z	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Update Treasurer

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g Farticipant.		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra of Journeymen and Apprentices of	• .	•
Mailing Address	901 Massachusetts Avenue, NW		
	Mashinata	D0	20004
	Washington 	DC DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify	Organization	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	Dorganization Affiliated Committee Joint by name, address (phone number – optional) CITY ▲ Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Dorganization Affiliated Committee Joint by name, address (phone number – optional) CITY ▲ Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	Dorganization Affiliated Committee Joint by name, address (phone number – optional) CITY ▲ Teles: List all banks or other depositories in which	STATE A	ZIP CODE A