Image# 201902019145452466				PAGE 1 / 5
FEC FORM 1	STATEMEN ORGANIZA			Office Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
	is changed)	over the lines.		A C
ADDRESS (number and street)				
(Check if address is changed)				
is changed)			OH 4	5210
	CITY A		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	jeff@local392.com			
<u> </u>	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 02 / 01	D / Y Y Y Y 2019			
3. FEC IDENTIFICATION NU	IMBER ► C co	00242024		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name of Treasurer	Kirby, Jeffrey, S, ,			
Signature of Treasurer	Jeffrey, S, ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 01 2019
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

02/01/2019 14 : 28

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Compinformation below.)	plete the candidate
Name Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)		· · ·	Democratic, Republican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com	nected organization is
		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 seg committee. (i.e., nonconnected committee)	gregated 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	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Plumbers, Pipe Fitter	s & Mechanical Equipment Serv	ice Local Union 392	
Mailing Address	1228 Central Pkwy		
	Cincinnati Cincinnati CITY	OH 45202 STATE	
Relationship: 🗶 Connect	ed Organization Affiliated Committee	Joint Fundraising Representative	eadership PAC Spons
Custodian of Records: Id books and records.	entify by name, address (phone number op	tional) and position of the person in p	ossession of committe
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the , assistant treasurer).	treasurer of the committee; and the	name and address of
	ffrey, S, ,		
Mailing Address	1228 Central Parkway		
	Cincinnati	OH 45202 STATE	ZIP CODE
Title or Position Treasurer		Telephone number	241 1760

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Froehle, William, E, ,	
Mailing Address	1228 Central Parkway	
	Cincinnati	
	CITY STATE ZIP CODE	
Title or Position	Irer	

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.

U.S.BA	NK		
Mailing Address	P O BOX 1800		
	SAINT PAUL	MN	55101
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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iiiiaue#	201902019145452470	,

FEC	Form	19	(Revised	02/2017	١
FEC	Form	15	(Revised	02/2017)

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

5(g)or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
6. Name of Any Connected United Association	Organization, Affiliated Committee, Joint Fun n PEC	draising Representative	, or Leadership PAC Sponsor
Mailing Address	Three Park Place		
			21401
Relationship:		STATE	
Connected	d Organization X Affiliated Committee Jo	int Fundraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify	v by name, address (phone number – optional)		
Full Name			
Mailing Address			
]-
TITLE OR POSITION		STATE ▲	
		Telephone Number	

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																													
Mailing Address																													
	L																												
																										- [_			
	CITY 🔺													STATE ▲ ZIP CODE							∎▲								