FEC FORM 1

2017/-10-31-03-0017/9825

STATEMENT OF **ORGANIZATION**

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				Office Use Only
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
SAINT PAUL PIPEFITTERS/S	TEAME	ITTERS LOCAL 455	PQLIŢIÇAL _I AÇTIÇN _I CÇMMI	TTĘE,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	 <u></u>	·		
ADDRESS (number and street)	1301	L'ORIENT ST, SUITE	100	
	لبا		<u></u>	
	SAIN	FPAUL , , , , , , , , , , , , , , , , , , ,		MN 55117 - 4074 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ss			•
	sço	TŞ@LOCAL455.CC	<u>M </u>	
	Option	al Second E-Mail Add	dress	1
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS	(URL)		
,	L			
2. DATE 10 17		2017		
3. FEC IDENTIFICATION N	JMBER	► C 003	350843	
4. IS THIS STATEMENT	NE	W (N) OR	MENDED (A)	
I certify that I have examined the	nis State	ment and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Sco	tt Seath		
Signature of Treasurer	S	10/1-STA	H	Date 10 17 2017
NOTE: Submission of false, erron			may subject the person signing to TON SHOULD BE REPORTED N	this Statement to the penalties of 52 U.S.C. §30109.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530	

Local 202-694-1100

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9826

	F	EC Fo	rm 1 (Revised 02/2009)	Page 2			
5.	TYPE	OF C	OMMITTEE				
	Can	Candidate 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.)	lete the candidate			
	Name Candi						
	Candi Party	idate Affiliati	on Office Sought: House Senate President	State District			
	(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	ical A	Action Committee (PAC):				
	(e)	$\overline{\times}$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:			
	(6)			iected 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 seg	gregated fund or party			
		land.	committee. (i.e., nonconnected committee)				
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint	t Fund	draising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political			
	(9)	U	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	nmittees Participating in Joint Fundraiser				
		1.	FEC ID number				
		2.	FEC ID number				
		3.	FEC ID number				
		4.					
			Landau de la landa				

٧	Vrite or Type Committee Name							
6.	SAINT PAUL PIPEFITTERS/STEAMFITTERS LOCAL 455 POLITICAL ACTION COMMITTEE 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor							
S	AINT PAUL PIPEFIT	TER\$/\$TEAMFITITERS LOCAL 455						
L								
	Mailing Address	13p1 L'ORIENT ST, SUITE 100						
		SAINT PAUL						
		CITY STATE ZIP CODE						
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spcnsor						
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in possession of committee						
	Full Name SCOTTE	-Y ŞEATH						
	Mailing Address	1301 L'ORIENT, ST, SUITE 100						
		SAINT PAUL						
	Title or Position	CITY STATE ZIP CODE						
	TREASURER	Telephone number [651] - [455] - [0455]						
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).						
	Full Name of Treasurer SCOTT E	Y \$EATH						
	Mailing Address	1301 L'ORIENT ST, SUITE 100						
		SAINT PAUL MN 55117 - 4074						
	Title or Position	CITY STATE ZIP CODE						
1	TREASURER	Telephone number 651 - 455 - 0455						

Full Name of Designated Agent			1 1 1 1 1	<u> </u>	1 1 1	<u> </u>		1 1	<u>1 1</u>	L.L. L.	<u>.i.l.</u>	1. 1.
Mailing Address						1 1	1 1	1 1	1 1	<u> </u>	1 1	1.1
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			CITY			Ш	LL		Ш	710		1
Title or Position			OILT	1				1	1	ا کات ا	I I	
			<u> </u>		Teleph	none ni	ımber	ш			J∸L	11
Name of Bank,		itains funds. etc.										
Name of Bank,	Depository, e	etc.	ERS CREDIT L	JNION _{I I}	1 1 1	1 1	1 1 1	1 1	1 1	1 . 11	.1. 1.	.1 . 1.
	Depository, e	etc. NYL PIPEFITT	ERS CREDIT L				1 1 1		1 1	 	l. l.	_ _
Name of Bank, Mailing Address	Depository, e	etc. NYL PIPEFITT							<u> </u>	L		-ll
	Depository, e	etc. NYL PIPEFITT							55,11	 		
	Depository, e	NYL PIPEFITT 1391 L'ORIEN					MN STAT	_	55,11	.11		
	Depository, e	NUL PIPEFITT 1391 L'ORIEN LLLLLL SAINT PAUL	VT, ST, SUITE 151					_	55,11	.11		
Mailing Address	Depository, e	NUL PIPEFITT 1391 L'ORIEN LLLLLL SAINT PAUL	VT, ST, SUITE 151					_	55,11	.11	CODE	

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

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)	

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

Page ___ **of** ___

		<u> </u>				
5(g) (or(h). Joint Fundraisi i	ng Participant:				
	1.	<u></u>	1111	FEC ID numb	er C	
	2.	1 1 1 1 1 1 1 1 1		FEC ID numb	er C	
	3.		<u> </u>	FEC ID numb	er C	
	4.			FEC ID numb	er C	
6.	Name of Any Connected	Organization, Affiliated Com	mittee, Joint Fu	ndraising Represent	ative, or Lea	adership PAC Sponsor
	1		1 1 1 1 1 1			
					1 1 1 1	
					· · · · · · · · · · · · · · · · · · ·	
	Mailing Address				1 1 1 1	
					1111	
	Relationship:	CIT	<u> </u>	STATE	_	ZIP CODE ▲
	Connecte	d Organization	ommittee	Joint Fundraising Repres	sentative	Leadership PAC Sponsor
8.	Designated Agent: Identi	y by name, address (phone n	umber – optiona)		
	Full Name					
	Mailing Address					
					111	1. 1. 1 1 1 1 1
			<u> </u>			
	TITLE OR POSITION	CITY CITY	A	STATE	A	ZIP CODE ▲
				Telephone Number	-لــــا	- ــــــا - ــــــــ
9.	Banks or Other Deposits safety deposit boxes or more Name of Bank, Depository, etc.	ories: List all banks or other diaintains funds.	epositories in wh	ich the committee dep	posits funds,	holds accounts, rents
	Mailing Address					
1		СПТУ	<u> </u>	STATE		ZIP CODE ▲

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Federal Election Commission

Washington, DC 20463.

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No Postmark		
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Received from Electronic F	iling Office	Date of Receipt
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