

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SAINT PAUL PIPEFITTERS/STEAMFITTERS LOCAL 455 POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1301 L'ORIENT ST, SUITE 100



(Check if address
is changed)

SAINT PAUL

CITY ▲

MN

STATE ▲

55117

- 4074

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

SCOTT@LOCAL455.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

10

17

2017

3. FEC IDENTIFICATION NUMBER ►

C00350843

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 Scott Seath

Signature of Treasurer

Scott Seath

Date

10

17

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- Name of
-
- Candidate

Office
Sought:

Senate

State

District





- Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

- ### Committees Participating in Joint Fundraiser

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

Write or Type Committee Name

SAINT PAUL PIPEFITTERS/STEAMFITTERS LOCAL 455 POLITICAL ACTION COMMITTEE

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

SAINT PAUL PIPEFITTERS/STEAMFITTERS LOCAL 455

Mailing Address

1301 L'ORIENT ST, SUITE 100

SAINT PAUL

CITY

MN

STATE

55117

- 4074

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

SCOTT ELY SEATH

Mailing Address

1301 L'ORIENT ST, SUITE 100

SAINT PAUL

CITY

MN

STATE

55117

- 4074

ZIP CODE

Title or Position

TREASURER

Telephone number

651

- 455

- 0455

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

SCOTT ELY SEATH

Mailing Address

1301 L'ORIENT ST, SUITE 100

SAINT PAUL

CITY

MN

STATE

55117

- 4074

ZIP CODE

Title or Position

TREASURER

Telephone number

651

- 455

- 0455

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.

|SAINT PAUL PIPEFITTERS CREDIT UNION|

Mailing Address

1301 L'ORIENT ST, SUITE 150

SAINT PAUL

IMN

[55, 17]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

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

Mailing Address

_____-_____
_____-_____-_____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

_____-_____-_____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

_____-_____-_____

CITY ▲

STATE ▲

ZIP CODE ▲

**A. PIPEFITTERS
CAL UNION 455
31 L'ORIENT ST.
PAUL, MN 55117**




02 1P
0000894987 OCT 17 2017
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Federal Election Commission
999 E Street, N.W.
Washington, DC 20463.

Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER 	10/31/17 DATE PREPARED

(3/2015)

2017-10-31 10:00:00 AM