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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) is changed) over the lines. UA UNION PLUMBERS & PIPEFITTERS (UNITED ASSOCIATION OF JOURNEYMEN AND APPRENTICES OF THE PLUMBING & PIPEFITTING INDUSTRY OF THE UNITED STATES AND CANADA) LOCAL 290 FEDERAL PAC 20210 SW TETON AVENUE ADDRESS (number and street) (Check if address is changed) TUALATIN 97062 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS LOUC@UA290.ORG (Check if address is changed) Optional Second E-Mail Address J.GREEN@C-ESYSTEMS.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2020 C00331918 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. Christian, Lou, , , Type or Print Name of Treasurer Christian, Lou,,, [Electronically Filed] 10 02 2020 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

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	COMMITTEE	
Candidate	e 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 of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	,	Democratic, depublican, etc.) Party.
Political A	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 committee. (i.e., nonconnected committee)	regated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.	or more political
Com	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.	FEC ID number	
4.		

		l
FEC Form 1 (Revised (<u> </u>	Page 3
Write or Type Committee Name		
UA UNION PLUMBERS & PIPEFITTERS (UNITED /	ASSOCIATION OF JOURNEYMEN AND APPRENTICES OF THE PLUMBING & PIPEFITTING INDUSTRY OF THE UNITED STATE	S AND CANADA) LOCAL 290 FEDERAL PAC
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
UA UNION PLUMBERS & PIPEF PLUMBING & PIPEFITTING INDI	ITTERS VOTE! PAC (UNITED ASSOCIATION OF JOURNEYMEN AND APPREN USTRY OF THE UNITED STATES AND CANADA)	TICES OF THE
	THREE PARK PLACE	
Mailing Address		
	ANNAPOLIS MD 214	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in	n possession of committee
Christian,	Lou, , ,	1
Full Name	,20210 SW Teton Avenue	
Mailing Address		
	Tualatin OR 970	062
Title or Position	CITY STATE	ZIP CODE
Business Manager	Telephone number 503	- 691 - 5700
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
Full Name Christian, L	_ou, , ,	
Mailing Address	20210 SW Teton Avenue	
	Tualatin OR 970	
Title or Position	CITY STATE	ZIP CODE
Business Manager	Telephone number	- <u>691</u> - <u>5700</u>

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Full Name of Designated Agent	Green, Jefri, , ,	, , , , , , , , , , , , , , , , , , ,				
Mailing Address	PO Box 42307					
-	Portland OR 97242 CITY STATE	ZIP CODE				
Title or Position Compliance Off	icer	295 - 1851				
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.						
	Umpqua Bank					
Mailing Address	PO Box 1820					
	Roseburg OR 97470					
	CITY STATE	ZIP CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						