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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) Plumbers and Steamfitters Local 467 Voluntary Federal Political Action Fund 1519 Rollins Road ADDRESS (number and street) (Check if address is changed) Burlingame 94010 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Ichappell467@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) mburri@ualocal467.org (Check if address is changed) DATE 2016 C00209296 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. Mark Burri 3895KAU Type or Print Name of Treasurer Mark Burri 3895KAU [Electronically Filed] 05 17 2016 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

Local 202-694-1100

EE0 <b>E</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	raye <b>z</b>
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State CA  District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
V	/rite or Type Committee Name		
F	Plumbers and Ste	eamfitters Local 467 Voluntary Federal Political A	ction Fund
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Р	lumbers and Steamfit	iters Local 467	
L		4540 R.W. R. R. 4	
	Mailing Address	1519 Rollins Road	
		Burlingame CA 94010	
		CITY STATE ZI	P CODE
	Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
'.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	Mark Burri,	Business Manager	
	Full Name	,1519 Rollins Road	
	Mailing Address		
		Burlingame CA 94010	
	Title or Position	CITY STATE ZI	P CODE
	Custodian of Records	Telephone number 650 – 69	2 4730
3.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
	Full Name Mark Burri of Treasurer		
	Mailing Address	1519 Rollins Road	
		Burlingame CA 94010  CITY STATE ZIF	P CODE
	Title or Position Treasurer	Telephone number 650 – 69.	
_		Totophone named	

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TEC FOII	II 1 (Nevideu 02/2009)	raye 4
Full Name of Designated Agent	None	
Mailing Address		
Title on Decition	CITY STATE	ZIP CODE
Title or Position		
safety deposit be	oxes or maintains funds.	
Name of Bank, I		
	Depository, etc.  United Business Bank	
Name of Bank, I	Depository, etc.  United Business Bank	
Name of Bank, I	United Business Bank  2 Harrison Street, Suite 158	ZIP CODE
Name of Bank, I	United Business Bank  2 Harrison Street, Suite 158  San Francisco  CITY  STATE	ZIP CODE
Name of Bank, I	United Business Bank  2 Harrison Street, Suite 158  San Francisco  CITY  STATE	
Name of Bank, I	Depository, etc.  United Business Bank  2 Harrison Street, Suite 158  San Francisco  CA  94105  Depository, etc.	
Name of Bank, I	Depository, etc.  United Business Bank  2 Harrison Street, Suite 158  San Francisco  CA  94105  Depository, etc.	
Name of Bank, I	Depository, etc.  United Business Bank  2 Harrison Street, Suite 158  San Francisco  CA  94105  Depository, etc.	

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Form/Schedule: F1A Transaction ID:

Amending to correct connected committees relationship

Form/Schedule: Transaction ID:

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor United Association of Journeymen and Apprentices of the Plumbing & Pipe Fitting 901 Massachusettes Avenue, NW Mailing Address Washington DC 20001 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number