Image# 289907891	90
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FEC FORM 1		TATEMEN DRGANIZA	TION		Office use only
1. NAME OF COMMITTEE (in t	full)	(Check if name is changed)	Example: If typying, typover the lines	12FE4M5	
II-VI Incorpora	ted PAC				
ADDRESS (number and s	street) 375 S	Saxonburg Boule	vard		
-					
(Check if addre is changed)		onburg			16056
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAI					1
					<u></u>
COMMITTEE'S WEB	PAGE ADDRESS (U	IRL)			
1					
COMMITTEE'S FAX N 7243605947		2 0 0 7 [×]			
			000077000		
 FEC IDENTIFICA IS THIS STATEM 		V (N) OR	C00377960	(A)	
I certify that I have exami	ned this Statement and	I to the best of my know	ledge and belief it is true, co	prrect and complete	
Type or Print Name of	Treasurer	John Almquist			
Signature of Treasurer	Electronically File	d by John Almq	uist	Date 0	M / D D / Y Y Y Y 15 / 2007
NOTE: Submission of fal			subject the person signing the person signing the subject the person signing the subject to the		
Office Use			For further inform		FEC FORM 1

Ī	Jse		Federal Election Commission	FEC FORM
C	Dnly		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2003)
			20001202 001 1100	

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5. TYPE	OF COMMITTEE (Check One)	
(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. (Complete the information below.)	candidate
Name Candio		
Candic Party A	ate Office Filiation Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candio		
(d)		emocratic, epublican,etc.) Party.
(e)	X This committee is a separate segregated fund	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	ind or party
6. Name	of Any Connected Organization or Affiliated Committee	
II-VI Ir	corporated PAC	
Mailing	Address 375 Saxonburg Boulevard	

	Saxonburg		
	CITY	STATE	ZIP CODE 🛦
Relationship Connected			
X Corporation	Corporation w/o Capital Stock	Labor Organizatio	on
Membership Organization	Trade Association	Cooperative	

FEC Form	1 (Revised 02/2	003)			P	age 3
rite or Type Comr						
II-VI Incorpo						
		ify by name, address, (phone number - ooks and records.	- optional), and pos	ition of th	e person in	
Full Name	John Alm	ıquist _				
Mailing Address	-	208 Primrose Drive				
	-	Sarver	PA	<u> </u>	16055_	
Title or Position	¥	CITY 🛦	STAT	E	ZIP CO	DE 🛦
	Treasurer		Telephone number	724	352	5275
name and add	,		,			
Full Name of Treasurer Mailing Address	John Alm		· 			
Full Name of Treasurer	-	nquist	PA	<u> </u>	16055	
Full Name of Treasurer	John Alm 	1 208 Primrose Drive			<u>16055</u> – ZIP CO	 DE A
Full Name of Treasurer Mailing Address	John Alm 	aquist 208 Primrose Drive Sarver	PA			
Full Name of Treasurer Mailing Address	_John Alm - -	aquist 208 Primrose Drive Sarver	PA STA1		ZIP CO	
Full Name of Treasurer Mailing Address Title or Position Full Name of Designated	_John Alm - -	aquist 208 Primrose Drive Sarver	PA STA1		ZIP CO	
Full Name of Treasurer Mailing Address Title or Position Full Name of Designated Agent	_John Alm - -	aquist 208 Primrose Drive Sarver	PA STA1		ZIP CO	
Full Name of Treasurer Mailing Address Title or Position Full Name of Designated Agent	John Alm	aquist 208 Primrose Drive Sarver	PA STA1	 724	ZIP CO	
Full Name of Treasurer Mailing Address Title or Position Full Name of Designated Agent Mailing Address	John Alm	Anguist 208 Primrose Drive Sarver CITY A	PA STA1 Telephone number	 724	ZIP CO 352	

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 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.

Nationa	I City Bank		
Mailing Address	620 South Pike Road		
	Sarver		16055
	CITY 🔺	STATE ⊿	
Name of Bank, Depository, etc.			
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE