

2001 AUG 20 A 10: 29

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

U. A. PLUMBERS & STEAMFITTERS LOCAL NO. 22 P. A. C., INC.

ADDRESS (number and street) 3651 CALIFORNIA ROAD

(Check if address is changed) ORCHARD PARK N Y 14127

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Michael McNally

Signature of Treasurer [Signature] Date 08 17 2001

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.

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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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.

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

6. Name of Any Connected Organization or Affiliated Committee

U.A. PLUMBERS & STEAMFITTERS LOCAL NO. 22 _____

Mailing Address 3651 California Road _____

Orchard Park N Y 14127 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship c o n n e c t e d _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--|
| Corporation | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

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 Michael McNally

Mailing Address 3651 California Road
Orchard Park
Orchard Park NY 14127

Title or Position Secretary-Treasurer CITY STATE ZIP CODE

Telephone number _____

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 Michael McNally

Mailing Address 3651 California Road
Orchard Park NY 14127

Title or Position Secretary-Treasurer CITY STATE ZIP CODE

Telephone number _____

Full Name of Designated Agent _____

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.

Keybank, N.A.

Mailing Address

50 Fountain Plaza

Buffalo

NY

1 4 2 0 2

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<u>Jim To</u> PREPARER	8-20-01 DATE PREPARED