

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL ELECTION COMMISSION
2003 JAN 29 7 12:05
Office Use Only

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

PLUMBERS & STEAMFITTERS LOCAL 22 PBC INC

ADDRESS (number and street) 3651 CALIFORNIA RD

(Check if address is changed)

Orchard Park NY 14127

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mimc222@pbc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

716-662-0919

2. DATE 01 22 2007

3. FEC IDENTIFICATION NUMBER ► C00368415

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 Michael W. McAlally

Signature of Treasurer [Signature] Date 01 22 2007

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.

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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 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

PLUMBERS & Steamfitters Local 22

Mailing Address 3651 California Rd

 Archway Park NY 14127
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--|
| Corporation | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> 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 31651 California Rd

Orchard Park NY 14127

Title or Position CITY STATE ZIP CODE

Telephone number 716-662-3952

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 31651 California Rd

Orchard Park NY 14127

Title or Position CITY STATE ZIP CODE

Telephone number 716-662-3952

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.

Wiley Bank

Mailing Address

PO Box 22114

PLAZA NY 12201-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked

Jms
 PREPARER
 (3/2005)

1-29-07
 DATE PREPARED

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