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## STATEMENT OF

FORM 1		ORC	SANIZ	ATIO	N			Office	Use Only	
NAME OF COMMITTEE (in	ı full)	(Chec is cha	k if name inged)		ple:If typing, ty	ype .	12FE4N	15		
NATIONAL ASS	SOCIATIO	N OF PLUI	MBING-HE	ATING	-COOLING	CONTR	RACTO	RS PAC	AKA PH	CC-PAC
		180 S WASH	INGTON, P O	BOX 680	<u>                                     </u>					
ADDRESS (number a	nd street)									
(Check if ac is changed)		FALLS CHUP	RCH				VA	22046		
				CITY		S	STATE		ZIP CODI	E
COMMITTEE'S E-MA  (Check if is change	address	S (Please prov Young@napi		e-mail add	ress)					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)								
(Check if is changed										
2. DATE 10	M / D 11	201	Y   Y   Y   1							
3. FEC IDENTIFIC	CATION NU	MBER	Cc	00157875						
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED	) (A)				
I certify that I have e		Statement ar		t of my kı	nowledge and l	belief it is	true, corre	ect and co	omplete.	
Signature of Treasure	Penny Y	oung			Electronically I	Filed] Da	ate	M / I	15 / Y	2011
NOTE: Submission of		ous, or incomple				-			nalties of 2 U	J.S.C. §437g.
Office Use Only				!	For further inform Federal Election C Foll Free 800-424- Local 202-694-110	Commission -9530	act:		EC FORI	

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	COMMITTEE	i aye 🚣
Candidat	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. (Corinformation below.)	nplete 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
(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	nnected organization is a
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization X 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)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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V	√rite or Type Committee Nam	пе		
١	NATIONAL ASSOCIAT	TION OF PLUMBING-HEATING	-COOLING CONTRACTOR	S PAC AKA PHCC-PAC
6.	Name of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising Representative, or	Leadership PAC Sponsor
Ν	ational Association	of Plumbing-Heating-Cooling	g Contractors	
L				
L		180 S Washington Street		
	Mailing Address			
		Falls Church	VA	22046
		CITY	STATE	ZIP CODE
	Relationship: X Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative	e Leadership PAC Sponsor
•	Custodian of Records: Ide books and records.	entify by name, address (phone number	optional) and position of the pers	on in possession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	of the treasurer of the committee; ar	nd the name and address of
	Full Name Penny Yo	bung		ı
	of Treasurer	180 S Washington Street		
	Mailing Address	loo o was iii gon o oo		
		Falls Observed		20040
		Falls Church		22046
	Title or Position VP Finance/CFO	CITY	STATE 703 Telephone number	ZIP CODE
	· · · · · · · · · · · · · · · · · · ·		•	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
Name of Bank, Dep	es or maintains funds.  pository, etc.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.	
safety deposit boxe Name of Bank, Dep	wachovia Bank  1970 Chain Bridge Road  McLean  VA 22102	ZIP CODE
safety deposit boxe Name of Bank, Dep	Wachovia Bank  1970 Chain Bridge Road  McLean  CITY  STATE	ZIP CODE
safety deposit boxe Name of Bank, Dep  Mailing Address	Wachovia Bank  1970 Chain Bridge Road  McLean  CITY  STATE	ZIP CODE
safety deposit boxe Name of Bank, Dep  Mailing Address	wachovia Bank  1970 Chain Bridge Road  McLean  CITY  STATE  pository, etc.	ZIP CODE
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	wachovia Bank  1970 Chain Bridge Road  McLean  CITY  STATE  pository, etc.	ZIP CODE
Name of Bank, Dep	wachovia Bank  1970 Chain Bridge Road  McLean  CITY  STATE  pository, etc.	ZIP CODE