FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
1 Ollin 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If is changed) over the line	f typying, type les 12FE4M5	
Plumbers & Pi	pefitters Local #333 Federal PAC Fund		
ADDRESS (number and s	treet) 5405 S. Martin Luther King, Jr. B	<u> </u>	
(Check if address			
is changed)	Lansing	<b>MI</b>	48911   -
	CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	alcox@comerica.com		
is changed)			
COMMITTEE'S WED I	DACE ADDRESS (LIDL)		
	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0.8	7 D D 7 Y Y Y Y Y Y Y Z 0 1 1		
3. FEC IDENTIFICATION	TION NUMBER C C002328	335	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
Legrify that I have examin	ned this Statement and to the best of my knowledge and belie	of it is true, correct and complete	
roorary triat mayo oxarm		The distance and complete	
Type or Print Name of	reasurer George VanCoppenolle		
Signature of Treasurer	Electronically Filed by George VanCoppenollo	e Date 08	M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the pers		
Office Use Only	Federa	urther information contact: ral Election Commission ree 800-424-9530	FEC FORM 1 (Revised 02/2009)

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	COMMITTEE (Check One) 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. (Complete information below.)	the candidate				
Name of Candidate						
Candidate Party Affilia	Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com						
(d)	(National, State  This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
Political A	Political Action Committee (PAC):					
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
	Corporation Corporation w/o Capital Stock X La	abor Organization				
	Membership Organization Trade Association C	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 segregate committee. (i.e., nonconnected committee)	ed 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.)					
laint Frank	oint Fundraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
Cor	nmittees Participating in Joint Fundraiser					
	1. FEC ID number					
	2. FEC ID number C					
	3. FEC ID number					
	FEC ID number					

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W	rite or Type Committee Name				
	Plumbers & Pipefitters L	ocal #333 Federal PAC Fund			
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint	Fundraising Representative, o	r Leadership PAC Sponsor	
	Plumbers & Pipefitters Lo	ocal 333			
		<u> </u>			
	Mailing Address	901 Massachusetts	Avenue, NW		
		Washington	<u> </u>	20001	
		CITY▲	STATE	ZIP CODE 🛦	
	Relationship:				
	X Connected Organization	Affiliated Committee	Joint Fundraising Representativ	Leadership PAC Sponsor	
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 Comeri	ca Bank			
	Mailing Address	PAC Services, MC 2	250		
		PO Box 75000			
		Detroit		48275	
	Title or Position ▼	CITY A	STATE	A ZIP CODE A	
	Book Keep	er	Telephone number	248 - 371 - 7271	
8.		and address (phone number opti		committee; and the	
	name and address of any	designated agent (e.g., assistant t	reasurer).		
	Full Name of Treasurer George	e VanCoppenolle			
	Mailing Address	5405 S. Martin Luth	er King, Jr. Bl		
		Lansing		48911	
	Title or Position ♥	CITY A	STATE	ZIP CODE A	
	Treasurer		Telephone number _	517 _ 393 _ 5480	
		<del></del>			

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telep	ohone number	
9. Banks or Other Deposito safety deposit boxes or ma	<b>pries:</b> List all banks or other depositories in which the cantains funds.	committee deposits funds, ho	lds accounts, rents
Name of Bank, Depository			
<b>^</b> -			
Co	merica Bank		
Mailing Address			
	PAC Services, MC 2250	MI	48275
	PAC Services, MC 2250 PO Box 75000	MI STATE A	
	PAC Services, MC 2250  PO Box 75000  Detroit  CITY Δ		48275
Mailing Address	PAC Services, MC 2250  PO Box 75000  Detroit  CITY Δ		48275
Mailing Address	PAC Services, MC 2250  PO Box 75000  Detroit  CITY Δ	STATE	48275 _ ZIP CODE
Mailing Address  Name of Bank, Depository	PAC Services, MC 2250  PO Box 75000  Detroit  CITY  A	STATE 4	48275 _ ZIP CODE
Mailing Address  Name of Bank, Depository	PAC Services, MC 2250  PO Box 75000  Detroit  CITY  A	STATE	48275

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committees funds.	e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
!			
!			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leade	[ ADDITIONAL ] ership PAC Sponsor
United Association Polito	al Education Committee		
Mailing Address	Three Park Place		
	Annapolis	LMD L	<b>21401</b> 
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ ADDITIONAL ]
1	FEC	ID number C	