

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

FAMILY PAC

ADDRESS (number and street)

1001 LIBERTY AVENUE

(Check if address is changed)

SUITE 850

PITTSBURGH

PA

15222

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

cmiller@thebeechwood.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

4124719011

2. DATE

12 / 12 / 2006

3. FEC IDENTIFICATION NUMBER

C C00336842

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

Mr. WILLIAM J. DONAHUE

Signature of Treasurer

Electronically Filed by Mr. WILLIAM J. DONAHUE

Date

12 / 12 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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

- (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

Mailing Address _____

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

FAMILY PAC

- 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 **CHRISTOPHER R MILLER**

Mailing Address **1001 LIBERTY AVENUE**

SUITE 850

PITTSBURGH PA 15222 - 3718

Title or Position ▼ **ASSISTANT TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **412 - 471 - 6420**

- 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 **Mr. WILLIAM J. DONAHUE**

Mailing Address **SUITE 850**

1001 LIBERTY AVENUE

PITTSBURGH PA 15222 - 3718

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **412 - 471 - 6420**

Full Name of Designated Agent **CHRISTOPHER R MILLER**

Mailing Address **1001 LIBERTY AVENUE**

SUITE 850

PITTSBURGH PA 15222 - 3718

Title or Position ▼ **ASSISTANT TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **412 - 471 - 6420**

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.

PNC BANK

Mailing Address

620 LIBERTY AVENUE

PITTSBURGH

PA

15222

CITY ▲

STATE ▲

ZIP CODE ▲