Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) U.A. PLUMBERS & STEAMFITTERS LOCAL NO. 22 P.A.C., INC. 3651 CALIFORNIA ROAD ADDRESS (number and street) (Check if address is changed) ORCHARD PARK 14127 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS seanrlu@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2017 C00368415 FEC IDENTIFICATION NUMBER > 3. X 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. Redden, Sean, P.,, Type or Print Name of Treasurer Redden, Sean, P.,, [Electronically Filed] 2017 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	COMMITTEE 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. (Complete the information below.)	e candidate
Name of Candidate		
Candidate Party Affiliati		ate
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:  (National, State (Democ	eratio
(d)	· · · · ·	can, etc.) Party
Political A	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coop	erative
	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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees for two or the committees for two or more committees for the committees for the committees for the committees for two or more committees for the committees f	ore political
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
Com	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.		
4.		

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٧	Vrite or Type Committee Name		<u> </u>
ı	U.A. PLUMBEF	RS & STEAMFITTERS LOCAL NO. 22 P.A.	C., INC.
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	·
L	J.A. Plumbers & Stea	mfitters Local No. 22	
_ 			
	Mailing Address	3651 California Road	
	Mailing Address		
		Orchard Park NY 14127	
		CITY STATE Z	IP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
·.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Redden, S	Sean, P., ,	1
	Full Name	,234 Traverse Blvd	
	Mailing Address		
		Tonawanda , NY , 14223	
		Tonawanda NY 14223	
	Title or Position	CITY STATE Z	P CODE
	Treasurer	Telephone number 716 87	75   8269
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Redden, S	Sean, P., ,	
	Mailing Address	234 Traverse Blvd	
		Tonawanda	
	Title or Decition	CITY STATE ZI	P CODE
	Title or Position Treasurer	716   87	75  -  8269

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE 2	ZIP CODE
Title or Position		1.1
	Telephone number	
Mailing Address	P.O. Box 93885  Cleveland  OH 144101	
	5.57.51.11	1 1
	CITY STATE :	ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE