

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Plumbers and Steamfitters Local 467 Voluntary Federal Political Action Fund

ADDRESS (number and street)  (Check if address  
is changed)

1519 Rollins Road

CITY ▲

CA

94010

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

sbirkenstock@bmhllaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

feccomm@bmhllaw.com

2. DATE

M M / D D / Y Y Y Y  
03 / 05 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00209296

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 Burri, Mark, , ,

Signature of Treasurer Burri, Mark, , ,

Date M M / D D / Y Y Y Y  
03 / 05 / 2025NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE:

**Candidate 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 candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

CA

District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

(e)  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  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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

(i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C

C

Write or Type Committee Name

## Plumbers and Steamfitters Local 467 Voluntary Federal Political Action Fund

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Plumbers and Steamfitters Local 467

Mailing Address

1519 Rollins Road

Burlingame

CA

94010

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  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

Burri, Business Manager, Mark, , ,

Mailing Address

1519 Rollins Road

Burlingame

CA

94010

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

650 - 692 - 4730

## 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

Burri, Mark, , ,

Mailing Address

1519 Rollins Road

Burlingame

CA

94010

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

650 - 692 - 4730

Full Name of  
Designated  
Agent

None, , , ,

Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[REDACTED]

Telephone number

[REDACTED]-[REDACTED]-[REDACTED]

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.

United Business Bank

Mailing Address

2 Harrison Street, Suite 158

San Francisco

CA

94105

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[REDACTED]

Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED]

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 <981 @ C F H 9 A = N5 H C B

**Form/Schedule:** F1A

**Transaction ID :**

Amending to correct committee email address

**Form/Schedule:**

**Transaction ID:**

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

United Association of Journeymen and Apprentices of the Plumbing &amp; Pipe Fitting

<input type="text"/>
<input type="text"/>

Mailing Address

901 Massachusetts Avenue, NW

<input type="text"/>
<input type="text"/>

Washington

DC

20001

 - 

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲