MANAGAGG - 140 - 120 - 190 - NONON

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

			2022 JUN 24. AM	ii: 07
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
NATIONAL ASSOCI	ATTON OF PLUMB	ING-HEATING-COOL	ING CONTRACTORS P	AC AKA PHO
ADDRESS (number and street)	180 S WASHING	aTON, Ste 100		
(Check if address is changed)		<u> </u>		1 1 1 1
	FAUS CHURCH		STATE A ZIP	- LILI
COMMITTEE'S E-MAIL ADDRE	ESS	A CANARILI INGA		
(Check if address is changed)	ACCOUNTING	G@NAPHCLORG		1
— is changed,	Optional Second E-Mail Ad	ddress		
	HHE HLMON	papecc, deg		
(Check if address is changed) 2. DATE O 6	3 2 3 2 3			
3. FEC IDENTIFICATION N	IUMBER ▶ Cig	0.0,1,5,7,8,7,5		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasur	er MICHAEL	AHEARN		
Signature of Treasurer	Pychof Afear	'N	Date OG 'OG'	2022
NOTE: Submission of false, erro		n may subject the person signing	this Statement to the penalties of D WITHIN 10 DAYS.	52 U.S.C. §30109.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530	FFL. FL	

EC Form 1	(Revised 03/2022)	Page 2			
TYPE O	F 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 information below.)	the candidate			
Name (Candid	1				
Candid Party A	date Office House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand					
Party C	Committee:				
(d)	This committee is a (National, State (Democror subordinate) committee of the Republic	atic, an, etc.) Party			
	Al Action Committee (PAC):	ested ergenization is a			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a			
	Corporation Corporation w/o Capital Stock Labo	r 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 segreg committee. (i.e., nonconnected committee)	ated 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.)				
(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	, I PAC).			
··/ L	In addition, this committee is a Lobbyist/Registrant PAC.	, .			
Joint F	Fundraising Representative:				
(i)	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.	o or more political			
0)	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.	o or more political			
Com	nmittees Participating in Joint Fundraiser				
1.					
L					

ı	FEC Form 1 (Revised 03/2022)		Page 3
W	Write or Type Committee Name		
	National Association of Plumbing-Heating-		
0.	NATIONAL ASSOCIATION OF PLUMBING-HEW		
٠	Mailing Address 180 S WASHINGTON ST	, Ste 100	
	FAUS CHURCH CITY A	VIA 23	ZIP CODE A
	Relationship: Connected Organization Affiliated Organization		Leadership PAC Sponso
7.	 Custodian of Records: Identify by name, address (phone number books and records. 	optional) and position of the person in posso	ession of committee
	Full Name		
	Mailing Address		
	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	:	
		Telephone number	
8.	 Treasurer: List the name and address (phone number optional any designated agent (e.g., assistant treasurer). 	al) of the treasurer of the committee; and the	name and address of
	Full Name MICHAEL AHEARN of Treasurer		
	Mailing Address	ST	
	FAUS CHURCH	VIA 2	2046
	CITY A	STATE ▲	ZIP CODE ▲
	Title or Position V DIRECTOR OF FINANCE	Telephone number 703	237 - 8100

FEC Form 1 (Revised 03/2022)

Full Name of Designated

Mailing Address

ZIP CODE A

ZIP CODE A

Agent Mailing Address STATE A Telephone number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents BRI DUE

> ZIP CODE A CITY A STATE A

STATE A

2022-06-24-0M-00400200

ECEX®

O +	Fedex. International Air Waybill
Ď Pa	1 From Date 06 23 Sender's FedEx Account Number Sender's 1/ 52 1
PACKAGE LABEL	Name Kay K. 13.14 Phone (7/2) 20-6057 Company Kay Daly om
O	Address P O. Box 4749 4
	City Pinehurst State Province NC
Q a	Country USA ZIP Postal Code 28374 15
MMER	Email Address Jackwalyk gmal.com 6
O RELA	Internal Billing Reference C1 H
COMMIERCIAL INVOICE LABEL	2 To . 28 Residential Delivery 10
O ELA	Name Federal Election Coroni SSi Phone 7 Po
E1	Company ("man gil Keporting Division Bill
0 1	Address 1050 First Street NE Dept. Proces
OB .	Address feets
	City Mashington State Province DC
706673742	Country US 1 2IP Postal Code 20463 Bill o
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	TRACK -
	3 Shipment Information Total Ibs. kg In. cm 8 Requirements of the control of the
<u> </u>	U.S. Star24: Commodity Description Harmonized Code Country of Manufacture Value for Customs (AMPRIM) Contrary ti
	Sender
DELIVER	and wre agi)
RY REATTEMPT LABEL O C C	Signatur Origin Station ID
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나	Has EEI been No EEI required value \$2,500 or less per Sch. & Number. Total Declared Value Total Value Received At. 1 Total Value T
O P	Only Check One No EEI required. If other than NLR enter than NLR e
į	Yes - Enter AES proof of fung castion:
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	carnage rises

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered

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Other (Specify):	Date of Re	eceipt or Postmarked
PREPARER		06/24/22 DATE PREPARED
(3/2015)		DATE THE ANLU