FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Off	fice use only
1. NAME OF COMMITTEE (in	full)	Check if name s changed)	Example: If typying, type over the lines	12FE4M5	ince disc only
BUILDING SEI	RVICE CONTRACT	ORS ASSOCIA	TION INTERNATIONAL PO	LITICAL ACTION	<u> </u>
		1 1 1 1 1		11111	
ADDRESS (number and	street) 401 N	. Michigan Ave			
X (Check if address is changed)	ess Suite Chica			<u> </u>	60611
			CITY▲	STATE	ZIP CODE 📥
committee's e-mai					1
COMMITTEE'S WEB	PAGE ADDRESS (UF	IL)			·
www.bscai.or	g 	1 1 1 1 1		<u> </u>	
COMMITTEE'S FAX N	NUMBER				
با لبنا	ــــا لـــ	J			
2. DATE 0.3		2 0 0 7			
3. FEC IDENTIFICA	TION NUMBER		C C00337337		
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and t	o the best of my know	vledge and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer O	liver P. Yandle			
Signature of Treasurer	Electronically Filed	by Oliver P. Y	andle	Date 03	06 / 2007
NOTE: Submission of fa		-	subject the person signing this Sta	•	of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the complete the c	andidate				
	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					
		emocratic, publican,etc.) Party.  und or party				
3.	Name of Any Connected Organization or Affiliated Committee					
	Building Service Contractors Association International					
L	<u>                                     </u>					
	Mailing Address 401 N Michigan Ave					
	Suite 2200					
	Chicago IL IL 60	0611				
	CITY <b>≜</b> STATE ▲	ZIP CODE A				
	Relationship Connected					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organizati	ion				
	Membership Organization X Trade Association Cooperative					

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Write or Type Committee Name

BUILDING SERVICE CAI PAC)	CONTRACTORS ASSOCIATION INTERNATIONAL POLITICAL ACTION CMTE (BS-
	Identify by name, address (phone number optional), and position of the person in

Custodian of F	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Christo	pher Mundschenk					
Mailing Address		401 N. Michigan Avenue					
		Suite 2200					
		Chicago		60611			
Title or Position	<b>v</b>	CITY A	STATE▲	ZIP CODE			
	Custodian	of Records	Telephone number				
Treasurer: Li	st the name a	and address (phone number optional) designated agent (e.g., assistant treasu	of the treasurer of the commer).	mittee; and the			
Full Name of Treasurer	Oliver F	P. Yandle					
Mailing Address 401 N.		401 N. Michigan Ave					
		Suite 2200					
		Chicago		60611			
Title or Position	₩	CITY A	STATE▲	ZIP CODE ▲			
			Telephone number 800				
Full Name of Designated Agent	Gail Mc	Cauley					
Mailing Address	;	401 N. Michigan Ave					
		Suite 2200					
		Chicago	<u>IL</u>	60611			
Title or Position	<b>V</b>	CITY A	STATE ▲	ZIP CODE A			
	Assistant T	reasurer	Telephone number 800	_ 368 _ 3414			

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9.	Banks or Other Depositor safety deposit boxes or main	·	ınts, rents
	Name of Bank, Depository,	etc.	
	Sun	Trust Bank	1 1 1 1 1 1
	Mailing Address	PO Box 85024	
		Richmond VA 232	285 _ 5024

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷