

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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FEC MAIL CENTER  
2007 AUG 16 AM 11:57

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

BRIEN WALL FOR CONGRESS

ADDRESS (number and street)

2510 FOREST BROOK DRIVE

(Check if address  
is changed)

PITTSBURGH

PA

15241

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bwall148@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

BRIENWALLFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

412-831-8281

2. DATE

08 ' 08 ' 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

CAROL S. FASSINGER

Signature of Treasurer

Carol S. Fassinger

Date

08 ' 14 ' 2007

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  
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Only

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

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.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate BRIEN WALL

Candidate Party Affiliation  DEM Office Sought:  House  Senate  President State  P.A. District  1.8

- (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

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Write or Type Committee Name

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 SCHNEIDER DAWN P CO  
 Mailing Address C/O DENNIS J LOUGHRAN  
 1133 PENN AVENUE  
 Pittsburgh PA 15241  
 Title or Position  CITY  STATE  ZIP CODE   
 CPA Telephone number 412-697-5432

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 CAROL S FASSINGER  
 Mailing Address 1667 WEDDLE RD  
 ELIZABETH PA 15037  
 Title or Position  CITY  STATE  ZIP CODE   
 TREASURER Telephone number 412-897-3539

Full Name of Designated Agent FREDERICK N FRANK  
 Mailing Address FRANK, BAILS, MURKIO, GOBINISKY & GALE, PC  
 707 GRANT ST 3RD FL GULF TOWER  
 PITTSBURGH PA 15219  
 Title or Position  CITY  STATE  ZIP CODE   
 COUNSEL Telephone number 412-471-5912

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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.

GATEWAY BANK

Mailing Address

134,02, WASHINGTON ROAD

MC MURRAY PA 15317-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): *DAL* Shipping Date  
*8/16/05*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jmo*  
 PREPARER

*8/16/05*  
 DATE PREPARED

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