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FEC
FORM 1

STATEMENT OF ORGANIZATION

2004 DEC -6 A 9 31

Office Use Only

1. NAME OF
COMMITTEE (In full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FEB4/05

IRVING CORPORATION EMPLOYEES FOR BETTER
GOVERNMENT FUND

ADDRESS (Number and street)

111 STANWIX STREET

(Check if address
is changed)

11TH FLOOR

PITTSBURGH

PA

15222-1212

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

412-438-1510

2. DATE

12/02/2004

3. FEC IDENTIFICATION NUMBER ▶

C00038794

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

JOHN M. BIGLEY

Signature of Treasurer

[Handwritten Signature]

Date

12/02/2004

NOTE: Submission of false, misleading, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6457c.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For Further Information contact:
Federal Election Commission
Toll Free 800-424-9535
Local 202-404-4100

FEC FORM 1
(Revised 02/2003)

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

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

- (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/ Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

Write or Type Committee Name

DRAYO CORPORATION EMPLOYEES FOR BETTER GOVERNMENT FUND

7. **Creation of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name JOHN M. BIGLERMailing Address 111 STANWIX STREETROCKFORDROCKFORD, ILL. 60067-1312

Title or Position

CITY

STATE

ZIP CODE

MR. TAXTelephone number 815-223-1312

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 JOHN M. BIGLERMailing Address 111 STANWIX STREETROCKFORDROCKFORD, ILL. 60067-1312

Title or Position

CITY

STATE

ZIP CODE

MR. TAXTelephone number 815-223-1312

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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☐ Other (Specify):	Date of Receipt or Postmarked
 PREPARER (5/2004)	12/6/04 DATE PREPARED