

# FEC FORM 1

# STATEMENT 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) 1519 Rollins Road

(Check if address is changed)

Burlingame CITY ▲ CA STATE ▲ 94010 ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) sandyb@eichmancpa.com

Optional Second E-Mail Address

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) mburri@ualocal467.org

2. DATE 04 / 22 / 2019

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 389500SSB, Mark, , ,

Signature of Treasurer Burri 389500SSB, Mark, , , [Electronically Filed] Date 04 / 22 / 2019

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.

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  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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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.	_____	FEC ID number	<input type="text" value="C"/>
2.	_____	FEC ID number	<input type="text" value="C"/>
3.	_____	FEC ID number	<input type="text" value="C"/>
4.	_____	FEC ID number	<input type="text" value="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 Committee  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

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

Treasurer Telephone number 650 - 692 - 4730

Full Name of Designated Agent

None, , , ,

Mailing Address

[Empty address line]

[Empty address line]

[Empty city field]

[Empty state field]

[Empty zip code field]

CITY

STATE

ZIP CODE

Title or Position

[Empty title field]

Telephone number

[Empty telephone field]

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

[Empty address line]

San Francisco

CA

94105

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name field]

Mailing Address

[Empty address line]

[Empty address line]

[Empty city field]

[Empty state field]

[Empty zip code field]

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

Amending to update Committee's email address

Form/Schedule:  
Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  
United Association of Journeymen and Apprentices of the Plumbing & Pipe Fitting

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ 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 ▲