

Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

| | Type of Statemen | l e e e e e e e e e e e e e e e e e e e | | | | | |
|--|------------------------------|---|---------------------------|--|--|--|--|
| □ NEW | | ☑ AMENDED | | | | | |
| This committee is registering with the Virgini | a This committee | This committee is filing an amended Stateme | | | | | |
| State Board of Elections for the first time. | Date Changes Took | Effect S | BE-issued Committee ID | | | | |
| | 01/01/2025 | 5 | OSPC-21-00010 | | | | |
| Name of Committee | | | | | | | |
| United Association Political Issues Fur | . d | | | | | | |
| Insert full name of committee (Acronyms must | | | | | | | |
| | Committee Mailing Ad | dress | | | | | |
| 3 PARK PLACE | | | | | | | |
| Street Address/P.O. Box | | | Suite # | | | | |
| ANNAPOLIS | MD | 21 | 401 | | | | |
| City | State | | Code | | | | |
| cpichler@uanet.org | | (410) | 269_2000 | | | | |
| Email Address | | (410) 269-2000 Business Phone | | | | | |
| | | | | | | | |
| Committee Website | | | | | | | |
| A | ffiliated Organization o | or PAC | | | | | |
| | | | | | | | |
| | | | | | | | |
| United Association of Journeymen and | Apprentices of the Plum | bing and Pipe F | itting Industry of the U. | | | | |
| Full Name of Affiliated Organization | | | | | | | |
| 3 PARK PLACE | | | | | | | |
| Street Address/P.O. Box | | | Suite # | | | | |
| Street Address/F.O. Box | | | Suite # | | | | |
| ANNAPOLIS | MD | 21 | 401 | | | | |
| City | State | Zij | Code | | | | |
| Labor | | | | | | | |
| Indicate the Purpose of your Committee (e.g. L | abor, Business, Health Care, | etc.) | | | | | |
| Can | didate's Supported or (| Opposed* | | | | | |
| Full Name and Address of Candidate(s) | Office Sought | Party Affiliatio | n Support or Oppose? | | | | |
| Candidate Sheet Attached with 1 Candidate | | | | | | | |
| + | | | | | | | |
| | | | | | | | |
| | | | | | | | |





Commonwealth of Virginia

| Area, Scope and Jurisdiction of the Committee | | | | | | |
|--|---|---------------------------|---------------------|--|--|--|
| This Committee intends to participate in (check all that apply): | | | | | | |
| ▼ Statewide elections ☐ General | | eneral Assembly elections | ☐ Local elections | | | |
| If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in: | | | | | | |
| 1) | | 4) | | | | |
| 2) 5) | | | | | | |
| 3) | | 6) | | | | |
| | Other A | gency Information | | | | |
| Taxpayer Identification Number | 52-2256674 | | | | | |
| Number | Enter Taxpayer ID Number | | | | | |
| | 'Other Agencies Where Registered' Sheet Attached with 1 Agency. | | | | | |
| Other Agencies Where Committee is Registered | Name of Agency | | Registration Number | | | |
| | Name of Agency | | Registration Number | | | |
| | Name of Agency | | Registration Number | | | |
| | Name of Agency | | Registration Number | | | |
| | Name of Agency | | Registration Number | | | |
| | Name of Agency | | Registration Number | | | |
| Committee Depository | | | | | | |
| | | | | | | |
| Bank of America | | | | | | |
| Primary Bank Name or Depository | | Secondary Bank Name of | or Depository | | | |
| Richmond | VA | | | | | |
| City | State | City | State | | | |



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

| Treasurer and Books Information | | | | | | | |
|--|---|---------------------------|-------------------------------|------------|--|--|--|
| | McManus | Mark | | | | | |
| | Salutation Last Name | First Name | Middle Name | Suffix | | | |
| | | | Wildere I turne | Dullin | | | |
| | 3 PARK PLACE ANNAPOLIS, MD 21401 | | | | | | |
| _ | Street Address (Business), City, State and Zip Code | | | | | | |
| Treasurer | 767 Holly Lane | | | | | | |
| | Street Address (Residence) | | Suite # | | | | |
| | Arnold | MD | | 21012 | | | |
| | City | State | | Zip Code | | | |
| | Markm@uanet.org | | (410) 269-2000 | | | | |
| | Email Address (*see instructions) | | Daytime Phone # | | | | |
| | Kualapai | Derrick | | | | | |
| | Salutation Last Name | First Name | Middle Name | Suffix | | | |
| | | | winder rame | Bullix | | | |
| Duin ain al | 3 PARK PLACE ANNAPOLIS, MD 21401 | | | | | | |
| Principal Custodian of the | Street Address (Business), City, State and | d Zıp | | | | | |
| Books (if one) | 1626 English Place | | | | | | |
| Dooks (if one) | Street Address (Residence) | | Suite # | | | | |
| | Crofton | MD | | 21114 | | | |
| | City | State | | Zip Code | | | |
| | dkualapai@uanet.org | (410) 269-2000 | | • | | | |
| | Email Address (*see instructions) | Daytime Phone # | | | | | |
| | | | | | | | |
| Address Where | 3 PARK PLACE | | | | | | |
| Books are | Street Address (P.O. Boxes are Not Acce | ptable) | Suite # | | | | |
| Maintained | ANNAPOLIS | ME |) | 21401 | | | |
| | City | State | 2 | Zip Code | | | |
| Statement of Treasurer | | | | | | | |
| I accept the appointment of | f Transuman for this committee Lunderstand t | hat I am required to some | aly with the provisions of th | o Compaign | | | |
| I accept the appointment of Treasurer for this committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I am required to file my reports electronically on | | | | | | | |
| SBE's website. I understand that I must truthfully report all monies and things of value, which this political committee receives or expends as | | | | | | | |
| required by § 24.2-949.9:1. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions | | | | | | | |
| of § 24.2-1016 which is punishable up to a Class 5 felony. | | | | | | | |
| | | | | | | | |
| Signature | | Data | | | | | |
| Signature | | Date | | | | | |

FOR SBE OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

CIRCLE ONE

COMMITTEE ID: _____ N or A



Instructions for Completing This Form

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes.

Type of Statement

• Check the box that applies to the type of Statement that you are filing.

Name of Committee

Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

• Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - o Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219