

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

ADDRESS (Number and street) (Check if address is changed) 158-29 GEORGE MEANY BOULEVARD  
HOWARD BEACH NY 11414  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
FCPCHunt@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER  
7188350896

2. DATE 05 / 05 / 2004

3. FEC IDENTIFICATION NUMBER C C00327478

4. IS THIS STATEMENT X 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 DAVID AGINSKY

Signature of Treasurer Electronically Filed by DAVID AGINSKY Date 05 / 05 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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
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- (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

PLUMBERS LOCAL UNION NO. 1 \_\_\_\_\_

Mailing Address \_\_\_\_\_ 158-29 GEORGE MEANY BOULEVARD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ HOWARD BEACH \_\_\_\_\_ NY \_\_\_\_\_ 11414 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | \_\_\_\_\_ LABOR UNION \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                                     |                    |
|-------------------------|-------------------------------|-------------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> | Labor Organization |
| Membership Organization | Trade Association             |                                     | Cooperative        |

Write or Type Committee Name

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

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 **PLUMBERS LOCAL UNION NO. 1**

Mailing Address \_\_\_\_\_

Title or Position ▼	CITY ▲	STATE▲	ZIP CODE ▲
_____	_____	_____	_____
		Telephone number	<u>718</u> - <u>738</u> - <u>7500</u>

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 **DAVID AGINSKY**

Mailing Address **158-29 GEORGE MEANY BLVD.**

	<b>HOWARD BEACH</b>	<b>NY</b>	<b>11414</b> - _____
Title or Position ▼	CITY ▲	STATE▲	ZIP CODE ▲
_____	_____	_____	_____
		Telephone number	_____ - _____ - _____

Full Name of Designated Agent **DAVID AGINSKY**

Mailing Address **158-29 GEORGE MEANY BLVD.**

	<b>HOWARD BEACH</b>	<b>NY</b>	<b>11414</b> - _____
Title or Position ▼	CITY ▲	STATE▲	ZIP CODE ▲
<b>COMMITTEE TREASURER</b>	_____	_____	_____
		Telephone number	<u>718</u> - <u>738</u> - <u>7500</u>

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.

CITIBANK

Mailing Address

PO BOX 5870 GRAND CENTRAL STATION

NEW YORK

NY

10163 -

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name GEORGE W. REILLY

Mailing Address \_\_\_\_\_

Title or Position ▼	CITY ▲	STATE▲	ZIP CODE ▲
<u>AUTHORIZED AGENT</u>			
		Telephone number	
		<u>718</u>	<u>738</u> <u>7500</u>

\_\_\_\_\_