## STATEMENT OF

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FORM 1			ORG/	ANIZ	ATI	ON								Office	Use	Only				
1. NAME OF COMMITTEE (ir	ı full)		(Check if			ample: er the	If typir lines.	ng, typ	ре	1	2F]	Ξ4M	15		Ï					
PLUMBER	S LOC	AL I	UNION	NO	. 24	РО	LIT	ICA	L,	٩C	TIC	AC	I C		MN	/IT	TE	ΞE	ı	
ADDRESS (number a	nd street)	20 Fa	irfield Place													1 1				
X ◀ (Check if a is changed																				
is shanged	-,	West	Caldwell CITY							L	NJ TATE		0	7006		 ZIP	- [_	DE ▲		
COMMITTEE'S E-MA	AIL ADDRES	S																		
(Check if a is changed		eboy	ce@plum	bers24.	.org					1 1										
		Option J <b>lou</b>	nal Second ghlin@pl	E-Mail A	ddress 24.or	g <sub>   </sub>														
	M / D 1		Y	Y																_
2. DATE 0	7 07		2012																	
3. FEC IDENTIFIC	CATION NU	MBER	•	C	C002520	)56														
4. IS THIS STATEM	MENT	NE	EW (N)	OR	>	<	AMEN	DED	(A)											
I certify that I have e	examined this	s State	ment and to	o the bes	st of my	knowl	edge a	and be	elief i	t is ti	ue, (	corre	ct a	nd co	mple	ete.				
Type or Print Name	of Treasurer	ERIC	BOYCE																	
Signature of Treasure	er <i>ERIC E</i>	ВОҮСЕ				[Elec	tronica	lly File	ed] 	Dat	te		М 11	/	05	/	Y	2012		Υ
NOTE: Submission of			incomplete i		-				-					ne pe	naltie	s of	2 U.	S.C. {	§437	g.
Office Use Only						For 1 Fede Toll F	further in the function of the	i <b>nforma</b> tion Co 0-424-9	ation on miss	contac					EC Revis					

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TYPE OF	COMMITTEE	i aye <b>£</b>
Candid	ate 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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affi		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e) >	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
C	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number	
4.		

	age# 12301243003						
Г	_						
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٧	Vrite or Type Committee Name	<b>.</b>					
	PLUMBERS LO	CAL UNION NO. 24 POLITICA	AL	AC	TION C		ГТЕЕ
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising F	Repre	esentati	ive, or Leader	ship PAC Spo	onsor
Р	PLUMBERS LOCAL L	JNION NO. 24					
l							
	Mailing Address	20 Fairfield Place					
	maning radioss	West Caldwell  CITY		NJ STATE	07006	ZIP CODE	
	Relationship: X Connecte	d Organization Affiliated Committee Joint Fundrais	ising I	Represe	entative L	eadership PAC	C Sponsor
'.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and p	positic	n of th	e person in po	ossession of o	committee
	ERIC BOY	′CE					1
	Full Name	,468 LAFAYETTE DRIVE					
	Mailing Address						
					00700		
		BRICK		NJ	08723		
	Title or Position	CITY		STATE		ZIP CODE	
	Treasurer		numl	ber	973	521	7058
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of assistant treasurer).	f the	commit	tee; and the n	ame and add	ress of
	Full Name ERIC BOY of Treasurer	CE					
	Mailing Address	468 LAFAYETTE DRIVE					

BRICK

Title or Position Treasurer CITY

08723

973

ZIP CODE

7058

521

NJ STATE

Telephone number

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		olds addodants, ronts
safety deposit be	Depository, etc.  TD Bank N.A.  1701 Route 70 East	4-5400   -     -
safety deposit be Name of Bank,	Depository, etc.  TD Bank N.A.  1701 Route 70 East	
safety deposit be Name of Bank,	Depository, etc.  TD Bank N.A.  1701 Route 70 East  Cherry Hill  NJ 0803	4-5400
safety deposit be Name of Bank, Mailing Address	Depository, etc.  TD Bank N.A.  1701 Route 70 East  Cherry Hill  CITY  STATE  Depository, etc.	4-5400
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  TD Bank N.A.  1701 Route 70 East  Cherry Hill  CITY  STATE  Depository, etc.	4-5400
safety deposit be Name of Bank, Mailing Address	Depository, etc.  TD Bank N.A.  1701 Route 70 East  Cherry Hill  CITY  STATE  Depository, etc.	4-5400
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  TD Bank N.A.  1701 Route 70 East  Cherry Hill  CITY  STATE  Depository, etc.	4-5400
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  TD Bank N.A.  1701 Route 70 East  Cherry Hill  CITY  STATE  Depository, etc.	4-5400