Image# 27930051088

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_		Office use only
NAME OF COMMITTEE (in	full) (	Check if name s changed)	Example: If typying, type over the lines	12FE4M5	
PLUMBERS &	, PIPEFITTERS LO	CAL UNION NO.	295 PAC		
ADDRESS (number and	743 N	BEACH STREE	T		
_					
(Check if addi		ONA BEACH			32114 _ 3279
			CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MA bmirsky@cfl.r					1
COMMITTEE'S WEB	PAGE ADDRESS (UR	L)			
COMMITTEE'S FAX I 3862527180	NUMBER				
2. DATE <b>M</b> 1	M / D D / Y 18	2 0 0 7 Y			
3. FEC IDENTIFICA	ATION NUMBER	(	C00147181		
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exam	nined this Statement and t	o the best of my know	rledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer BI	RETT MIRSKY			
Signature of Treasure	r Electronically Filed	by <b>BRETT MIR</b>	RSKY	Date 0 1	1 8 / Y Y Y Y Y Y
NOTE: Submission of fa	•	•	subject the person signing this Sta	·	es of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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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 cainformation below.)	andidate
	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	
		mocratic, publican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
ŝ.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY≜ STATE ♣ Z	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

PLUMBERS & PIPEFITTERS LOCAL UNION NO.	). 295 P <i>F</i>	٩C
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	PLUMBERS & PIPEFII II	ERS LOCAL UNION NO. 295 PAC													
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														
	Mailing Address														
	Title or Position ▼	CITY A	STATE▲	ZIP CODE A											
			Felephone number												
8.	Treasurer: List the name a	and address (phone number optional) of designated agent (e.g., assistant treasurer)	the treasurer of the commit	tee; and the											
	Full Name of Treasurer														
	Mailing Address														
	Title or Position ♥	CITY A													
		-	Telephone number												
	Full Name of Designated Agent														
	Mailing Address														
	Title or Position ♥	CITY A	STATE A	ZIP CODE A											
			Гelephone number												

	FEC Form	1 (	Rev	vised	d 02	2/2	003	3)																											P	age	4		
9.	Banks or Other safety deposit bo Name of Bank, D	xes	or 1	mair	ntair	ns 1			ban	ıks	or	oth	er (	dep	osi	tori	es	in v	whi	ch	the	CO	mm	nitte	e de	еро	sits	fui	nds	, ho	olds	; ac	COL	unts	s, re	ents			
	Mailing Address				<u> </u>	 			 								<u></u>	<u></u>								1_									<u>_</u>		<u></u>	<u></u>	
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