FEC

STATEMENT OF ORGANIZATION

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FORM 1	ORC	ANIZAI	ION	.		
1. NAME OF COMMITTEE (in 1			Example: If typing, type over the lines.	12FE4M	Office Use Only	
PLUMBERS &	PIPEFITTERS LO	OCAL UNION	74 POLITICAL	ACTION COM	MITTEE	
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ADDRESS (number and		CUTIVE DRIV	VE	· <u> </u>		
(Check if add is changed)	ress NEWARK			DE	19702	-
		CIT	V A	STATE ▲	71P C	ODE A
COMMITTEE'S E-MAII LOCALUNION7	ADDRESS 4@YAHOO.COM		· -			
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COMMITTEE'S WEB F	PAGE ADDRESS (URL)					
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COMMITTEE'S FAX N 302 325 2. DATE 07	UMBER - 3526 - 1 23 7 2008				·	
3. FEC IDENTIFICA	ATION NUMBER >	C 0019	2849	•		
4. IS THIS STATEMI	X 1	OR	AMENDED (A	.)		
I certify that I have ex	amined this Statement ar	nd to the best of	my knowledge and beli	ef it is true, corre	ct and complete.	
Type or Print Name of	Treasurer MAR	K R. PERMA	R			
Signature of Treasurer	Mal	R. Pu	hre	Date 0	7 23	2008
NOTE: Submission of fa	ANY CHANGE	•	subject the person sign	_	-	2 U.S.C. §437g.
Office Use Only			For further informati- Federal Election Com Toll Free 800-424-953 Local 202-694-1100	mission	FEC FO	•

(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 Candid		
Candid Party /	iate Affiliatio	Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candid		<u> </u>
(d)		This committee is a (National, State or subordinate) committee of the 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.
Name	of Any	Connected Organization or Affiliated Committee
PLUM	BERS	& PIPEFITTERS LOCAL UNION 74

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Type of	Connected	d Organiz	ation		1_			Co	orpo		ion	w/o		 pital	! St	ock	1	1.		<u>.</u>		 	.l abo	r O				_1_					<u>.</u>

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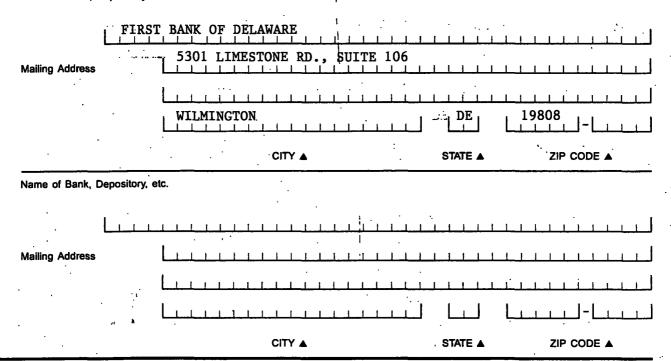
FEC Form 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

	_			. –
· W	FEC Form 1 (Revised (/rite or Type Committee Name			Page 3
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number -	optional) and position of the person i	n possession of committee
	Full Name			
	Mailing Address			
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone number	-
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number – optional) of assistant treasurer).	the treasurer of the committee; and t	he name and address of
	Full Name MARK of Treasurer	R PERMAR		
	Mailing Address	4 MATSON COURT		
		WILMINGTON	. , , , , DE 1	.9803 . <u> . </u>
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
	TREASURER		Telephone number	
	Full Name of Designated Agent			
	Mailing Address			· · · · · · · · · · · · · · · · · · ·
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
		· 	Telephone number	-

 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.



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Con	firmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Trus	1/29/08
(3/2005)	DATE PREPARED