FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM
2001 JUN 14 P 1:31
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

METROPOLITAN TRANSPORTATION AUTHORITY POLICE BENEVOLENT ASSOCIATION PAC

ADDRESS (number and street) 134 ROCKAWAY AVENUE

☐ (Check if address is changed)

VALLEY STREAM NY 11580-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 12 2001

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☑ 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 RAYMOND GIMMLER

Signature of Treasurer [signature] Date 06 12 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1RN048

21.03.712.4159

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 ☐

(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**

METROPOLITAN TRANSPORTATION AUTHORITY POLICE BENEVOLENT ASSOCIATION INC.

Mailing Address 134 ROCKAWAY AVENUE

VALLEY STREAM NY 11580-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☑ Corporation ☐ Corporation w/o Capital Stock ☑ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

METROPOLITAN TRANSPORTATION AUTHORITY POLICE BENEVOLENT ASSOCIATION 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: RAYMOND GIMMLER

Mailing Address: 134 ROCKAWAY AVENUE

VALLEY STREAM NY 11580-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRESIDENT

Telephone number 516-823-8930

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: RAYMOND GIMMLER

Mailing Address: 134 ROCKAWAY AVENUE

VALLEY STREAM NY 11580-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRESIDENT

Telephone number 516-823-8930

Full Name of Designated Agent / ASS TREASURER: BRIAN PRYOR

Mailing Address: 134 ROCKAWAY AVENUE

VALLEY STREAM NY 11580-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number 516-823-8930

21.03.712.4191

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.

NY TEAM FCU

Mailing Address 65 BROADWAY

HICKSVILLE NY 11801-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 6-12-01
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	6-14-01 DATE PREPARED

(6/2000)