Image# 20161207903768320	06		_	PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ	-	Offic	rade 174
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	IZFE4M3	
ADDRESS (number and stre	50-02 5th Street, 2nd Fl			
(Check if addres				
is changed)	Long Island City		NY , ,1110'	1
			STATE	
COMMITTEE'S E-MAIL AD				
(Check if addres is changed)	cvuotto@ualocal1.org			
	Optional Second E-Mail Add mapuzzo@ualocal1.	dress		1
	mapuzzo@ualocarr.	org		
COMMITTEE'S WEB PAGE				
2. DATE 12	07 / Y Y Y Y 07 2016			
3. FEC IDENTIFICATIO		00327478		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examin	ned this Statement and to the best	of my knowledge and belief in	t is true, correct and c	complete.
Type or Print Name of Trea	asurer Apuzzo, Michael, , ,			
Signature of Treasurer	Apuzzo, Michael, , ,	[Electronically Filed]	Date 12	07 / Y Y Y Y 2016
NOTE: Submission of false,	erroneous, or incomplete information ANY CHANGE IN INFORMATIO			enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion 🔽	EC FORM 1 (Revised 06/2012)

12/07/2016 11 : 35

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	FI	EC Foi	rm 1 (Revised 02/2009)	Page 2
5.	TYPE	OF C	OMMITTEE	
	Cand	didate	Committee:	
	(a)			
	(b)	plete the candidate		
	Name Candio			
	Candio Party	date Affiliatio	on Office Sought: House Senate President	State
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio			
	Party	/ Com	nmittee:	
	(d)			(Democratic, Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
	(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 separate committee. (i.e., nonconnected committee)	gregated 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	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
((h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	mittees Participating in Joint Fundraiser	
		1.		
		2.	FEC ID number	
		3.	FEC ID number	
		4.		

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

F		OCAL UNION NO. 1 - POLITICAL ACTION CO	MMITTEE	
L				
	Mailing Address			
		CITY	STATE	ZIP CODE
			sing Representative	
7.	Custodian of Rec books and records	ords: Identify by name, address (phone number optional) and po	osition of the perso	on in possession of committee
		Vuotto, Carmen, , ,		
	Full Name			
	Mailing Address	50-02 5th Street, 2nd Fl		
		Long Island City	NY	11101
	Title or Position	CITY	STATE	ZIP CODE
	Controller		718	738 7500

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).

Telephone number

Full Name	Apuzzo, Michael, , ,
of Treasurer	
Mailing Address	50-02 5th Street
	Long Island City
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 718 738 7500

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																											
Mailing Address		L																									
		L																									
		L																		L							
							СП	ΓY									ST/	ΑΤΕ				ZII	PC	COD	ÞΕ		
Title or Position																											
						ĺ						Tele	eph	ione	e ni	uml	ber										

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.

M & T	Bank		
Mailing Address	10-30 Jackson Avenue		
		NY	11101
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE