NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEC MAIL ROOM
2002 FEB 11 P 2:05

1. (a) NAME OF COMMITTEE IN FULL
OIL HEAT INSTITUTE - FEDERAL PAC

(b) Number and Street Address
601 VETERANS HWY

(c) City, State and ZIP Code
HAUPPAUGE, NY 11788

2. FEC IDENTIFICATION NUMBER
C00323444

3. TYPE OF COMMITTEE (check one)
☐ STATE PARTY
☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	PETER KING	U.S. HOUSE	NY-3	9/2000
(ii)	MICHAEL FORBES	"	NY-1	
(iii)	JOAN JOHNSON	"	NY-2	9/2000
(iv)	RICK LAZIO	US SENATE	NEW YORK	4/2000
(v)	GARY ACKERMAN	US HOUSE	NY-5	10/1999

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 3/20/1997

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 9/26/1996

(d) **Qualification:** The committee met the above requirements on: _____

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	SIGNATURE OF TREASURER	DATE
Kevin Rooney	Kevin Rooney	1/18/2002

NOTE: Submission of false, fraudulent, 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.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M
(Revised 1/2001)

FE1AN048.PDF

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐	Electronic Filing	

JMD — PREPARER

8-11-02 — DATE PREPARED

(6/2000)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
OIL HEAT INSTITUTE OF L.I. FEDERAL POLITICAL ACTION CMTE.

2. DATE
SEPT. 26, 1996

(b) Number and Street Address ☐ (Check if address is changed)
601 VETERANS MEMORIAL HWY.

3. FEC IDENTIFICATION NUMBER

(c) City, State and ZIP Code
HAUPPAUGE, N.Y. 11788

4. IS THIS STATEMENT AN AMENDMENT? ☐ YES ☑ NO

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	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☑ (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
OIL HEAT INSTITUTE OF L.I.	SAME AS ABOVE	PARENT ORGANIZATION

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☑ Trade Association ☐ Cooperative

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
KEVIN ROONEY	S.A.A / 516-360-0200	TREASURER

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	Mailing Address	Title or Position
SAME AS ABOVE		

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.	Mailing Address and ZIP Code
CHASE BANK	200 MOTOR PKY., HAUPPAUGE, N.Y. 11788

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	SIGNATURE OF TREASURER	DATE
KEVIN ROONEY	Kevin Rooney	9/26/96

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ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission

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Jm 10	8-11-02
PREPARER	DATE PREPARED

(6/2000)