# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
United Association Political Education Committee

(b) Number and Street Address ☐ (Check if address is changed)
901 Massachusetts Avenue, N.W.

(c) City, State and ZIP Code
Washington, D.C. 20001

2. DATE
August 16, 1993

3. FEC IDENTIFICATION NUMBER
C 00012476

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.

6.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| Adding the following: Plumbers Local 24 | 101 Springfield Avenue Summit, N.J. 07901 | Local Union SSF I.D. #C00252026 |

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

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

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

*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 |
|---|---|---|
| Michael A. Collins, Asst. Treasurer | Michael A. Collins | AUG 17 1993 |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-6[illegible]6-3120

FEC FORM 1
(revised 4/87)