

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

ITT INDUSTRIES PAC (ITTPAC)

ADDRESS (number and street)

4 WEST RED OAK LANE

(Check if address is changed)

WHITE PLAINS

NY

10604

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

catherine.lupinacci@itt.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

04 / 04 / 2007

3. FEC IDENTIFICATION NUMBER

C C00141002

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

CATHERINE LUPINACCI

Signature of Treasurer

Electronically Filed by CATHERINE LUPINACCI

Date

04 / 04 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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

ITT Industries _____

Mailing Address **4 West Red Oak Lane** _____

White Plains **NY** **10604** -
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Organization** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

ITT INDUSTRIES PAC (ITTPAC)

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 **James Hoerberling**

Mailing Address **Comerica Bank PAC Services MC2250**
P.O. Box 75000
Detroit MI 48275 - 2250

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records 248 371 7045
 Telephone number

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 **Catherine Lupinacci**

Mailing Address **4 West Red Oak**
White Plains NY 10604 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer 914 641 2095
 Telephone number

Full Name of Designated Agent **Kathy Stolar**

Mailing Address **4 West Red Oak Lane**
White Plains NY 10604 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Assistant Treasurer 914 641 2067
 Telephone number

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.

Comerica Bank

Mailing Address

P.O. Box 75000

PAC Services MC 2250

Detroit

MI

48275

2250

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name Angela Buonocore

Mailing Address 4 West Red Oak Lane

White Plains NY 10604

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Chairman Telephone number 914 - 641 - 2157