

**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

LOCAL 32B-32J SEIU COPE POLITICAL ACTION FUND ('LOCAL 32BJ COPE')

ADDRESS (Home or street) 101 AVENUE OF THE AMERICAS

(Check if address is changed) NEW YORK NY 10013

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

HFIGUEROS@SEIU32BJ.ORG LORME@SEIU32BJ.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 / 27 / 2002

3. FEC IDENTIFICATION NUMBER C00355289

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 HECTOR FIGUEROA

Signature of Treasurer Electronically Filed by HECTOR FIGUEROA Date 02 / 27 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

LOCAL 32BJ-32J SERVICE EMPLOYEES INTERNATIONAL UNION _____

Mailing Address _____
 101 AVENUE OF THE AMERICAS _____

NEW YORK _____ NY _____ 10013 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____
 CONNECTED ORG. _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--|
| Corporation | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

LOCAL 32B-32J SEIU COPE POLITICAL ACTION FUND ('LOCAL 32BJ COPE')

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 **LORI ANN ORME**

Mailing Address **101 AVENUE OF THE AMERICAS**

NEW YORK NY 10013 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

ASSISTANT TREASURER

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 **HECTOR FIGUEROA**

Mailing Address **101 AVENUE OF THE AMERICAS**

NEW YORK NY 10013 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

TREASURER

Telephone number _____ - _____ - _____

Full Name of Designated Agent **LORI ANN ORME**

Mailing Address **101 AVENUE OF THE AMERICAS**

NEW YORK NY 10013 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

ASSISTANT TREASURER

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.

FLEET BANK

Mailing Address

1185 6TH AVENUE

3RD FLOOR

NEW YORK

NY

10036 -

CITY Δ

STATE Δ

ZIP CODE Δ

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]

SEIU COPE

Mailing Address

1313 L STREET NW

WASHINGTON DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

AFFILIATED ORG.

Type of Connected Organization:

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

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____