Image# 2016012290045674	461		_	PAGE 1/4
FEC FORM 1	STATEMEN ORGANIZA	-	Office	e Use Only
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	12FE4M5	
PLUMBERS L	OCAL UNION NO. 1	1 NYC-POLITIC	AL ACTION	COMMITTEE
ADDRESS (number and str	eet) 50-02 5th Street, 2nd Fl			
(Check if addre	ss			
is changed)	Long Island City		NY 11101	
			L⊥⊥ L⊥⊥ STATE ▲	
COMMITTEE'S E-MAIL A				
 (Check if addre is changed) 	cvuotto@ualocal1.org			
	Optional Second E-Mail Add	ress		
	mapuzzo@ualocal1.c	prg		
COMMITTEE'S WEB PAG (Check if addre is changed)				
2. DATE 01	22 / Y Y Y Y 2016			
3. FEC IDENTIFICATIO	ON NUMBER ► C CO	0327478		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have exami	ined this Statement and to the best of	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Tre	easurer Michael Apuzzo			
Signature of Treasurer	Michael Apuzzo	[Electronically Filed]	Date 01	22 / Y Y Y Y 2016
NOTE: Submission of false,	erroneous, or incomplete information n ANY CHANGE IN INFORMATIC			enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 (Revised 06/2012)

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FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Candidate	Committee:	
(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. (Complein information below.)	ete the candidate
Name of Candidate		
Candidate Party Affiliation	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:	
(d)		emocratic, publican, etc.) Party
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
	Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated fund or part
	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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

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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	PLUMBERS LOCAL U	INION NO. 1 - POLITICAL			
L					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: X Connected	d Organization	Joint Fundraisin	g Representative	eadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone numbe	r optional) and posi	tion of the person in po	ossession of committee
	Carmen V	Jotto			
	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

1 1

1

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

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STATE

ZIP CODE

Full Name of Designated Agent								I	I																					
Mailing Address																														
																							L							
							СІЛ	ΓY											STA	ΤE					ZII	PC	COD	Ε		
Title or Position																														
														Tele	eph	ione	e ni	umt	ber											

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citiban	k		
Mailing Address	PO Box 769018		
	San Antonio		78245
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
M & T	Bank		
	10-30 Jackson Avenue		
Mailing Address			
			11101

CITY