04/14/2005 11 : 19

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

SHEET METAL WORKERS INT'L PAL LCL 137

ADDRESS (number and street)

21-42 44TH DRIVE

(Check if address is changed)

LONG ISLAND CITY | NY | 11101 - 4710

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04 14 2005

3. **FEC IDENTIFICATION NUMBER** C C00373050

4. IS THIS STATEMENT X 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 RICHARD QUARESIMA

Signature of Treasurer Electronically Filed by RICHARD QUARESIMA Date 04 14 2005

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

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) X 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

SHEET METAL WORKERS INT'L PAL LOL 137

Mailing Address 21-42 44TH DRIVE

LONG ISLAND CITY NY 11101 - 4710

CITY STATE ZIP CODE

Relationship CONNECTED

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | X Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

SHEET METAL WORKERS INT'L PAL LOL 137

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: PAUL COLLINS, Jr.

Mailing Address: 21-42 44th DRIVE

LONG ISLAND CITY | NY | 11101 –

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

PRESIDENT

Telephone number 718 – 937 – 4514

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: RICHARD QUARESIMA

Mailing Address: 21-42 44TH DRIVE

LONG ISLAND CITY | NY | 11101 – 4710

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

SECRETARY-TREASURER

Telephone number 718 – 937 – 4514

Full Name of Designated Agent

Mailing Address

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

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.

CHASE MANHATTAN BANK

Mailing Address

21-21 BROADWAY

LONG ISLAND CITY NY 11106 -

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]**

SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Mailing Address 1750 New York Avenue NW

Washington DC 20006

CITY STATE ZIP CODE

Relationship CONNECTED

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 _____ – _____ – _____