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Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Plumbers Pipefitters & M.E.S. Local Union 392 PAC

ADDRESS (number and street) ▼ 1228 Central Parkway

[ ] (Check if address is changed)

Cincinnati | OH | 45210

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tom@local392.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 07 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00242024

4. IS THIS STATEMENT [ ] NEW (N) OR [x] 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 Thomas G. Sullivan

Signature of Treasurer Thomas G. Sullivan Date 03 07 2001

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN048.PDF

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

U.A.P.E.C. C00012476

Mailing Address 901 Massachusetts Ave.

Washington DC 20001-4397-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated Committee

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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▼ CITY ▲ STATE ▲ ZIP CODE ▲

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: Thomas G. Sullivan

Mailing Address: 1228 Central Parkway

Cincinnati OH 45210

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Financial Secretary

Telephone number: 513 - 241 - 1760

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.

Firstar

Mailing Address

Location 0989

125 E. Court St.

Cincinnati | OH | 45202 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Jm b — PREPARER

3-13-01 — DATE PREPARED

(6/2000)