# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
District NO.1- PCD MEBA Political Action Fund (MEBA-PAF)

2. DATE
September 16, 1994

3. Address and Street Address ☐ (Check if address is changed)
444 North Capitol Street, NW Suite 300

4. FEC IDENTIFICATION NUMBER
C-00279380

5. City, State and ZIP Code
Washington, DC 20001

6. THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

7. 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 | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☐ (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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| See Attached List | | |

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

8. 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 |
|---|---|---|
| | | |

9. 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 | Mailing Address | Title or Position |
|---|---|---|
| | | |

10. 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. | Mailing Address and ZIP Code |
|---|---|
| | |

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 | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| Deborah Russell Asst. Treas | Deborah Russell | 9/16/94 |

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.

For further information contact:
Federal Election Commission
Toll-Free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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District No. 1 - PCD, MEBA Political Action Fund

Statement of Organization

| Name of any Connected Organization or Affiliated Committee | Mailing Address and Zip Code | Relationship |
|---|---|---|
| District No. 1 - PCD, MEBA | 444 N. Capitol St., NW<br>Suite 800<br>Washington, D.C. 20001 | Connected Organization |
| National Marine Engineers' Beneficial Association (AFL-CIO) | 444 N. Capitol St., NW<br>Suite 800<br>Washington, D.C. 20001 | Affiliated |
| Marine Engineers' Beneficial Association Retirees Group Fund | 444 N. Capitol St., NW<br>Suite 800<br>Washington, D.C. 20001 | Affiliated |
| National Air Traffic Controllers Association Political Action Committee | 1150 17th Street, NW<br>Suite 701<br>Washington, D.C. 20036 | Affiliated |

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Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☐ | Hand Delivered | DATE OF RECEIPT |
| ☐ | First Class Mail | POSTMARKED |
| ☑ | Registered/Certified Mail | POSTMARKED 12-13-95 |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House Office of Records and Registration | DATE OF RECEIPT |
| ☐ | Received from the Senate Office of Public Records | DATE OF RECEIPT |
| ☐ | Other (Specify): | POSTMARKED<br>and/or DATE OF RECEIPT |

SEY. 12-15-95

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

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