

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMM-  
ITTEE

ADDRESS (Home or street)

32-32 48TH AVENUE

(Check if address is changed)

LONG ISLAND CITY

NY

11101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DAVEGROTE@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5168542207

2. DATE

04 / 04 / 2005

3. FEC IDENTIFICATION NUMBER

C C00386821

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

PATRICK DOLAN

Signature of Treasurer

Electronically Filed by PATRICK DOLAN

Date

04 / 04 / 2005

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

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**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) 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

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 63B POLITICAL ACTION COMMITTEE

Mailing Address \_\_\_\_\_ 82-32 48TH AVENUE \_\_\_\_\_

\_\_\_\_\_

LONG ISLAND CITY \_\_\_\_\_ NY \_\_\_\_\_ 11101 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

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

**ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 63B POLITICAL ACTION COMMITTEE**

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 **PATRICK DOLAN**

Mailing Address **32-32 48TH AVENUE**

**LONG ISLAND CITY NY 11101**

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 **PATRICK DOLAN**

Mailing Address **32-32 48TH AVENUE**

**LONG ISLAND CITY NY 11101**

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

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

**LONG ISLAND CITY NY 11101**

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

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



**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 ]

UNITED ASSOCIATION POLITICAL EDUCATION FUND

Mailing Address

PO BOX 37900

WASHINGTON

DC

20013

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

NATIONAL UNION PAC

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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_