

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

INTERNATIONAL ASSOC. OF HEAT & FROST INSULATORS & ASBESTOS WORKERS LOCAL #12 FEDERAL PAC

ADDRESS (number and street)

25-19 43rd AVENUE

(Check if address is changed)

LONG ISLAND CITY

NY

11101

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MATTY@ASBESTOSWORKERS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7187848357

2. DATE

MM / DD / YYYY
10 / 03 / 2006

3. FEC IDENTIFICATION NUMBER

C C00398040

4. IS THIS STATEMENT

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 **Matthew Arcich**

Signature of Treasurer Electronically Filed by **Matthew Arcich**

Date MM / DD / YYYY
10 / 03 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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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) 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

INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS & ASBESTOS WORKERS LOCAL #12

Mailing Address **25-19 43RD AVENUE**

LONG ISLAND CITY **NY** **11101** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

INTERNATIONAL ASSOC. OF HEAT & FROST INSULATORS & ASBESTOS WORKERS LOCAL #12 FEDERAL PAC

- 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 **NICK GRGAS**

Mailing Address **25-19 43RD AVENUE**

LONG ISLAND CITY **NY** **11101** - -

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

PRESIDENT Telephone number **718** - **784** - **3456**

- 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 **Matthew Aracich**

Mailing Address **25-19 43rd Avenue**

Long Island City **NY** **11101** - -

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

TREASURER Telephone number **718** - **784** - **3456**

Full Name of Designated Agent **DENNIS J IPPOLITO**

Mailing Address **25-19 43RD AVENUE**

LONG ISLAND CITY **NY** **11101** - -

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

BUSINESS MANAGER Telephone number **718** - **784** - **3456**

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.

JP MORGAN CHASE BANK

Mailing Address

10-51 JACKSON AVENUE

LONG ISLAND CITY

NY

11101

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]

INTERNATIONAL ASSOC. OF HEAT & FROST INSULATORS & ASBESTOS WORKERS LCL 12 PAC FUND - STATE

Mailing Address

25-19 43RD AVENUE		
LONG ISLAND CITY		NY
		11101

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

