

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. 12P34M5

BOILERMAKERS, Blacksmiths, Forgers & Helpers of America
Local 168 Boilermakers PAC

ADDRESS (number and street) 5935 Chase Road

(Check if address is changed)

Dearborn MI 48126

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

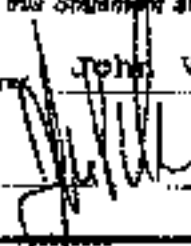
2. DATE

3. FEC IDENTIFICATION NUMBER C 00040949

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 John Vardon

Signature of Treasurer 

Date October 22, 2002

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 P.O. Box 800-224-9580 Lower 202-694-1100 | FEC FORM 1 (Revised 1/01) |
|-----------------|--|--|--|--|--|-------------------------------------|

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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

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|--------------------------------|--------------------|
| Corporation | Corporation with Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

1234567890

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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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

STANDARD

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.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲


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Federal Election Commission

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