

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. NAME OF COMMITTEE (Check if name is changed)
Local 1150 Federal PAC

2. DATE
August 24, 1994

3. FEC IDENTIFICATION NUMBER
1150-1150-1150

4. IS THIS STATEMENT AND SUBMISSION
 YES NO

5. TYPE OF COMMITTEE (Check one)
 This committee is a principal campaign committee. (Complete the candidate information below.)
 This committee is an authorized committee (and is NOT a principal campaign committee). (Complete the candidate information below.)

6. Number and Street Address
**150 Garfield Avenue
 Stratford, CT 06497**

Name of Candidate: _____ Candidate Party Affiliation: _____ Office Sought: _____ State/District: _____

7. Has committee reported expenses for any candidate? _____ and is NOT an authorized committee
 Name of candidate: _____ committee of the _____ Party
 (Democratic, Republican, etc.)

8. If this committee is a separate segregated fund:
 This is a separate segregated fund.

9. If the 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
Type of Connected Organization: Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative		

10. Custodian of Records: Identify by name, address, phone number (optional) and position of the person in possession of committee books and records.

Full Name John B. Santamaria	Mailing Address 150 Garfield Avenue Stratford, CT 06497	Title or Position Treasurer
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11. Treasurer: List the name and address (phone number optional) of the treasurer of the committee, and the name and address of any designated signatory (e.g., assistant treasurer).

Full Name John B. Santamaria	Mailing Address 150 Garfield Avenue Stratford, CT 06497	Title or Position Treasurer
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12. 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. Chase Manhattan Bank of Connecticut, N.A.	Mailing Address and ZIP Code 3036 Main Street Stratford, CT 06497
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I hereby declare that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

13. SIGNATURE OF TREASURER: _____ DATE: **1994 08 24**

14. PRINT NAME OF TREASURER: **John B. Santamaria**

15. Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 18 U.S.C. §437. 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)

9403011937

Federal Election Commission
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J.M.H.
PREPARED

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DATE PREPARED

94069193/33