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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMI 50-02 5th Street, 2nd FI ADDRESS (number and street) (Check if address is changed) Long Island City 11101 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS plumbers@ualocal1.org (Check if address is changed) Optional Second E-Mail Address poconnor@ualocal1.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00327478 FEC IDENTIFICATION NUMBER 3. X 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. O'CONNOR, PAUL, , , Type or Print Name of Treasurer O'CONNOR, PAUL, , , [Electronically Filed] 12 28 2020 Signature of Treasurer Date 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. FEC FORM 1

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPI	E OF C	OMMITTEE	i aye 🚣
Can	didate	e Committee:	
(a)	Ш	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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	-				<del></del>
	FEC Form 4 (Double of	03/2000)			Dogo 2
\/\	FEC Form 1 (Revised /rite or Type Committee Nam				Page <b>3</b>
		CAL UNION NO. 1 NY	C-POLITICAL	ACTION	COMMITTEE
6.		Organization, Affiliated Committee, Jo			
P	•	JŅION ŅO. 1 - POLITICAL,			
Ľ					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: X Connecte	d Organization	Joint Fundraising Ro	epresentative I	Leadership PAC Sponsor
	Custodian of Records: Ide	ntify by name, address (phone number	optional) and position	n of the person in p	possession of committee
	books and records.				
	Douglas, Full Name	Ethlyn, , ,			<b>.</b>
	Mailing Address	50-02 Fifth Street			
	Mailing Address	2nd Fl			
		Long Island City		NY 11101	
	Title or Position	CITY	S	TATE	ZIP CODE
	Controller		Telephone numbe	er 718 - L	738 7500
			<u> </u>		
3.	<b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	of the treasurer of the co	ommittee; and the	name and address of
		DR, PAUL, , ,			ı
	of Treasurer	150-02 5th Street			
	Mailing Address				
		Long Island City		NY 11101	7ID CODE
	Title or Position , Treasurer	CITY	S	TATE	ZIP CODE
			Telephone numbe	er	738 - 7500

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
	<b>esitories:</b> List all banks or other depositories in which the committee deposits funds, holds accordingly funds	counts, rents
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	r maintains funds.	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.    T Bank	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  itory, etc.   T Bank  10-30 Jackson Avenue	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  itory, etc.   T Bank  10-30 Jackson Avenue	counts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  itory, etc.   **T Bank**  10-30 Jackson Avenue**  LIC**  NY 11101**	counts, rents
safety deposit boxes or Name of Bank, Deposit  M  8  Mailing Address	r maintains funds.  Itory, etc.  In a state of the state	
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safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	r maintains funds.  Itory, etc.  In a state of the state	