

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

ADDRESS (Home or street) (Check if address is changed) 158-29 GEORGE MEANY BOULEVARD
HOWARD BEACH NY 11414
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
FCPCHunt@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
7188350896

2. DATE 07 / 09 / 2003

3. FEC IDENTIFICATION NUMBER C C00327478

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 **GEORGE W. REILLY**

Signature of Treasurer Electronically Filed by **GEORGE W. REILLY** Date 07 / 09 / 2003

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1110

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

PLUMBERS LOCAL UNION NO. 1 _____

Mailing Address _____ 158-29 GEORGE MEANY BOULEVARD _____

_____ HOWARD BEACH _____ NY _____ 11414 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ UNION PAC _____

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

PLUMBERS LOCAL UNION NO. 1 NYC-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 **PLUMBERS LOCAL UNION NO. 1**

Mailing Address **158-29 GEORGE MEANY BLVD**

HOWARD BEACH NY 11414

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 **GEORGE W. REILLY**

Mailing Address **11 WASHINGTON CIRCLE**

NEW CITY NY 10956

Title or Position **CITY STATE ZIP CODE**

BUSINESS MANAGER Telephone number 718 - 738 - 7500

Full Name of Designated Agent **GEORGE W. REILLY**

Mailing Address **11 WASHINGTON CIRCLE**

NEW CITY NY 10956

Title or Position **CITY STATE ZIP CODE**

TREASURER Telephone number 718 - 738 - 7500

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.

CITIBANK

Mailing Address

PO BOX 5870 GRAND CENTRAL STATION

NEW YORK

NY

10163 -

CITY Δ

STATE Δ

ZIP CODE Δ

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]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name DAVID AGINSKY

Mailing Address 3 SUNNY LANE

MONROE NY 10950

Title or Position ▼ AUTHORIZED AGENT CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 718 - 738 - 7500