STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM
2000 OCT 29 A 10: 12

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE	2. DATE 10/20/2000
(b) Number and Street Address ☐ (Check if address is changed) 901 MASSACHUSETTS AVENUE, NW	3. FEC Identification Number C00012476
(c) City, State and ZIP Code WASHINGTON, DC 20001	4. Is This Report An Amendment? ☒ YES ☐ NO

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	State/District

☐ (c) This committee supports/opposes only one candidate _____ _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
ADD: SEE ATTACHED		

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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

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	Mailing Address	Title or Position

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 and ZIP Code

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	SIGNATURE OF TREASURER	DATE
MARTIN J. MADDALONI THOMAS H. PATCHELL	Thomas H. Patchell	OCT 24 2000

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN053

FEC FORM 1
(revised 4/97)

United Association Political Education Committee
FEC # C00012476
Attachment to FEC Form 1

Name	Address	Relationship
Plumbers Pipefitters & MES Local Unio 392 PAC (Was Local 59)	1128 Central Parkway Cincinnati, OH 45210	Local Union SSF ID#C00242024
St. Paul PF/SF Local 455 PAC	700 Transfer Road St. Paul, MN 55114	Local Union SSF ID#C00350843
Pipefitters Assn Local Union 597	45 N Ogden Avenue Chicago, IL 60607	Local Union SSF ID#C70001938
UA OF Plumbers & Pipefitters Local Union 773 PAC	P.O. Box 1396 South Glens Falls, NY 12803	Local Union SSF ID#C00354142
CA State Pipe Trades Council Vol Fed PAC	1123 L Street Sacramento, CA 95814	Council SSF ID#C00265033

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10-26-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMP — PREPARER

10-29-00 — DATE PREPARED

(6/2000)