

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEDERAL ELECTION
COMMISSION MAIL ROOM

Jun 16 12 32 PM '97

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) PLUMBERS LOCAL UNION NO. 1 POLITICAL ACTION COMMITTEE	2. DATE 5/17/97
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 158-29 CROSS BAY BLVD.	3. FEC Identification Number C00327478
(c) City, State and ZIP Code HOWARD BEACH, NEW YORK 11414	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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
PLUMBERS LOCAL UNION NO. 1	158-29 CROSS BAY BLVD. HOWARD BEACH, N.Y. 11414	CONNECTED

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 JIMMY HART	Mailing Address 158-29 CROSS BAY BLVD HOWARD BEACH, N.Y. 11414	Title or Position BOOKKEEPER
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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 JIMMY HART DONALD SCLAFANI	Mailing Address 158-29 CROSS BAY BLVD HOWARD BEACH, N.Y. 11414 (SAME)	Title or Position SECRETARY TREASURER BUSINESS MANAGER
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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 and ZIP Code 156-19 CROSS BAY BLVD. HOWARD BEACH, NEW YORK 11414
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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 JIMMY HART	SIGNATURE OF TREASURER 	DATE 6-11-97
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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.

Federal Election Commission
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E.S. 6/16/97

PREPARER

DATE PREPARED