

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 50-02 5th Street, 2nd Fl Check if different than previously reported. (ACC) Long Island City NY 11101

2. FEC IDENTIFICATION NUMBER C C00327478 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2020 through 09 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. O'CONNOR, PAUL, , , Type or Print Name of Treasurer

Signature of Treasurer O'CONNOR, PAUL, , , [Electronically Filed] Date 12 / 28 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="447126.25"/>	<input type="text" value="447126.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="445927.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="58746.82"/>	<input type="text" value="177750.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="504674.25"/>	<input type="text" value="624876.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="62901.91"/>	<input type="text" value="183103.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="441772.34"/>	<input type="text" value="441772.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2020 To: 09 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	257.97	485.86
(ii) Unitemized .....	56016.87	174665.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56274.84	175151.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	56274.84	175151.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2471.98	2598.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	58746.82	177750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	58746.82	177750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	569.91	7471.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	569.91	7471.91
22. Transfers to Affiliated/Other Party Committees.....	10608.00	35960.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	6500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	46724.00	133172.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	62901.91	183103.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62901.91	183103.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	56274.84	175151.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56274.84	175151.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	569.91	7471.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	569.91	7471.91

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

**A. RECINE, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 ORCHARD ROAD

City KATONAH	State NY	Zip Code 10536
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2020

**Transaction ID : SA11AI.9089**

Amount of Each Receipt this Period  
118.99

Memo Item  
Contribution received thru checkoff. Amount exceeds \$200 aggregate limit

**B. ZEQIRAJ, AGRON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 930 THROGMORTON AVENUE

City BRONX	State NY	Zip Code 10465
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2020

**Transaction ID : SA11AI.9088**

Amount of Each Receipt this Period  
138.98

Memo Item  
Contribution received thru checkoff. Amount exceeds \$200 aggregate limit

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.97
<b>TOTAL</b> This Period (last page this line number only).....	257.97

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

**A. FRIENDS OF ELIZABETH CROWLEY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 780622

City Maspeth	State NY	Zip Code 11378
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2020

**Transaction ID : SA17.9204**

Amount of Each Receipt this Period  
2400.00

Memo Item  
Refund

**B. McMahon For District Attorney**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 Spring Hill Avenue

City Staten Island	State NY	Zip Code 10301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		13		2020

**Transaction ID : SA17.9203**

Amount of Each Receipt this Period  
20.00

Memo Item  
Refund

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2420.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. M & T Bank**

Mailing Address 10-30 Jackson Avenue

City LIC State NY Zip Code 11101

Purpose of Disbursement Refund of Bank Charges

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.9106**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. M & T Bank**

Mailing Address 10-30 Jackson Avenue

City LIC State NY Zip Code 11101

Purpose of Disbursement Bank Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.9103**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. M & T Bank**

Mailing Address 10-30 Jackson Avenue

City LIC State NY Zip Code 11101

Purpose of Disbursement Bank Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.9104**  
 Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PLUMBERS LOCAL UNION NO. 1, UA, , ,**

Mailing Address 50-02 FIFTH STREET

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
Reimb for Purchase of Checks from Deluxe

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.9099**

Amount of Each Disbursement this Period

[ ] 313.82

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 313.82

[ ] 359.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UA POLITICAL EDUCATION COMMITTEE**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Per Capita - 06/2020

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2020

FEC Identification Number

C C00012476

**Transaction ID : SB22.9093**

Amount of Each Disbursement this Period

2384.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UA POLITICAL EDUCATION COMMITTEE**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Per Capita - 07/2020

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2020

FEC Identification Number

C C00012476

**Transaction ID : SB22.9094**

Amount of Each Disbursement this Period

4476.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. UA POLITICAL EDUCATION COMMITTEE**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Per Capita - 08/2020

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2020

FEC Identification Number

C C00012476

**Transaction ID : SB22.9095**

Amount of Each Disbursement this Period

3748.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10608.00

**TOTAL** This Period (last page this line number only)..... ▶

10608.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

**A. MAX ROSE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 100496

City: STATEN ISLAND State: NY Zip Code: 10310

Purpose of Disbursement: Contribution  
Candidate Name: [ ]  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 11

Date of Disbursement: 07 / 21 / 2020

FEC Identification Number: C00652248  
Transaction ID : SB23.9111  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

FEC Identification Number  
Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

FEC Identification Number  
Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

**A. BUILDING AND CONSTRUCTIONS TRADE COUNCIL PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 350 WEST 31ST STREET

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement Dues - 3rd Qtr 2020

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB29.9096

Amount of Each Disbursement this Period: 2100.00

Memo Item

**B. Charles Fall for NY**

Full Name (Last, First, Middle Initial)

Mailing Address 173 Maple Pkwy

City Staten Island State NY Zip Code 10303

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 20 / 2020

FEC Identification Number: C

Transaction ID : SB29.9147

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Diance Florence for New York**

Full Name (Last, First, Middle Initial)

Mailing Address c/o Berger Hirschberg Strategies  
335 Madison Ave Fl 9

City New York State NY Zip Code 10017

Purpose of Disbursement Contribution

Candidate Name Diane Florence for New York

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2020

FEC Identification Number: C

Transaction ID : SB29.9149

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Rebecca Seawright**

Mailing Address PO Box 20397

City  
New York

State  
NY

Zip Code  
10075

Purpose of Disbursement  
Sponsor Contribution

011

Category/  
Type

Candidate Name

**Friends of Rebecca Seawright**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.9143**

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Katz NYS**

Mailing Address c/o Culver Place Strategies  
32 Union Sq. East Suite 1211

City  
New York

State  
NY

Zip Code  
10003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.9136**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW YORK STATE PIPE TRADES**

Mailing Address PO Box 312

City  
Glen Falls

State  
NY

Zip Code  
12801

Purpose of Disbursement  
Per Capita - 1st Qtr 2020

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.9097**

Amount of Each Disbursement this Period

[REDACTED] 28624.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 32124.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PATTERSON FOR NEW YORK**

Mailing Address 4163 AMBOY ROAD APT A1

City  
STATEN ISLAND

State  
NY

Zip Code  
10308

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2020

FEC Identification Number

**Transaction ID : SB29.9135**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PETER'S NEW YORK P.A.C.**

Mailing Address PO BOX 280206

City  
BROOKLYN

State  
NY

Zip Code  
11228

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**PETER'S NEW YORK P.A.C.**

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2020

FEC Identification Number

**Transaction ID : SB29.9152**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

<input type="text" value="5000.00"/>
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**TOTAL** This Period (last page this line number only)..... ▶

<input type="text" value="46724.00"/>
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