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Council of Supervisors & Administrators, New York City

New York State Federation of School Administrators  
Local 1 American Federation of School Administrators, AFL-CIO

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September 2, 2002

- President  
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- Executive Vice-President  
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- First Vice-President  
**Peter J. McNally**
- Secretary  
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- Treasurer  
**Stephen McInelli**
- Vice-Presidents  
**Alexander Castillo**  
**Robert Jeanette**  
**Lana Medley**  
**Richard Oppenheimer**  
**Steven Rowen**

**Federal Election Commission  
999 E Street, N.W.  
Washington D.C. 20463**

**Dear Sir or Madam:**

**Enclosed for filing is an initial Amended Statement of Organization (FEC Form 1) for the Council of School Supervisors and Administrators, Local 1, AFSA AFL-CIO COPE Political Action Committee.**

**Please contact me if there are any questions regarding this filing.**

Sincerely,

**Barbara A. Jaccoma  
Special Counsel to the President**

16 Court Street  
Brooklyn, NY 11241-1003

718/ 852-3000 Tel  
718/ 403-0278 Fax

[www.csa-nyc.org](http://www.csa-nyc.org)

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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4ME

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS, LOCAL 1, AFSA AFL-CIO.

Cope Political Action Committee.....

ADDRESS (number and street) 16 Court Street, 4TH Floor

(Check if address is changed)

Brooklyn..

Brooklyn..

NY

11201-1003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

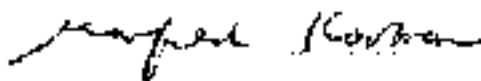
3. FEC IDENTIFICATION NUMBER ► C 00355818

4. 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.

Type or Print Name of Treasurer **Margaret Korman**

Signature of Treasurer



Date

9/3/02

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

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1133

FEC FORM 1  
(Revised 1/01)

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	House	Senate	President	State District
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- (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

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS, Local 1, AFSA AFL-CIO

Mailing Address 16 Court Street, 4TH Floor

Brooklyn NY 11241-1003

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization

- |                         |                                 |  |
|-------------------------|---------------------------------|--|
| Corporation             | Organization with Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association               | Cooperative  |

Write or Type Committee Name

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 ▼

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

MANFRED KORMAN

Mailing Address

16 Court Street, 4th Floor

Brooklyn

NY

11241-1003

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number (718)852-3000

Full Name of Designated Agent

ERNEST LOGAN

Mailing Address

16 Court Street, 4th Floor

Brooklyn

NY

11241-1003

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number (718)852-3000

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

RSEC Bank, Montague Street Office

Mailing Address

200 Montague Street

Brooklyn, NY

NY

11201

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

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.

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