

**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 12FE4M5
 Political Educational Fund of the Building and Construction Trades Department, AFL-CIO

ADDRESS (Number and street) (Check if address is changed)
 815 16th St., NW, Suite 600
 Washington DC 20006
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 kathy@bctd.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 2027584610

2. DATE 11 / 04 / 2005

3. FEC IDENTIFICATION NUMBER C C00003160

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 Sean McGarvey

Signature of Treasurer Electronically Filed by Sean McGarvey Date 11 / 04 / 2005

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

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

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**Political Educational Fund of the Building and Construction Trades Department,
AFL-CIO**

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 Sean McGarvey

Mailing Address 815 16th Street, NW
Suite 600
Washington DC 20006

Title or Position ▼ Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20006

Telephone number 202 - 347 - 1461

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 Sean McGarvey

Mailing Address 815 16th Street, NW
Suite 600
Washington DC 20006

Title or Position ▼ Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20006

Telephone number 202 - 347 - 1461

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲ _____

Telephone number _____ - _____ - _____

