

**CSA**

The Council of Supervisors and Administrators of the City of New York

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

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COMMISSION MAIL ROOM

MAR 27 P 2:52

**John Gentile**  
Executive Vice President

**Jill S. Levy**  
President

**Ernest Logan**  
First Vice President

March 23, 2000

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

Dear Sir or Madam:

Enclosed for filing is an initial Statement of Organization (FEC Form 1) for the Council of Supervisors and Administrators COPE Fund Political Action Committee.

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

Sincerely,



Barbara A. Jaccoma  
Special Counsel to the President

BAJ:tv  
encl

16 Court Street  
Brooklyn, New York 11241-1003

Phone: (718) 852-3000  
FAX: (718) 403-0278  
Website: www.csa-nyc.org

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2000 MAR 27 P 2:52

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>COUNCIL OF SUPERVISORS AND ADMINISTRATORS COPE FUND POLITICAL ACTION COMMITTEE</b>	2. DATE <b>MAY 1, 1998</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>16 COURT STREET - 4th FLOOR</b>	3. FEC DISBURSEMENT Number
(c) City, State and ZIP Code <b>BROOKLYN, NEW YORK 11241</b>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" 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
<b>COUNCIL OF SUPERVISORS AND ADMINISTRATORS, LOCAL 1, AFSA, AFL-CIO</b>	<b>16 COURT STREET 4TH FLOOR BROOKLYN, NY 11241</b>	<b>CONNECTED</b>

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
	<b>TREASURER</b>	

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
<b>MANFRED KORMAN</b>	<b>16 COURT STREET</b>	<b>TREASURER</b>
<b>ERNEST LOGAN</b>	<b>BROOKLYN, NY 11241</b>	<b>ASST. TREASURER</b>

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
<b>REPUBLIC NATIONAL BANK</b>	<b>200 MONTAGUE STREET BROOKLYN, NY 11201-3670</b>

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 <b>MANFRED KORMAN</b>	SIGNATURE OF TREASURER 	DATE <b>3/24/00</b>
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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.

For further information contact  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-694-1100

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**FEC FORM 1**  
(revised 4/87)

6. American Federation of School Administrators 1729 21<sup>st</sup> St. NW Connected  
Washington, D.C. 20009

American Federation of School Administrators 1729 21<sup>st</sup> St. NW Affiliated  
Political Action Committee Washington, D.C. 20009

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt:
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3/24/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>er</i> PREPARER	 3/21/00 DATE PREPARED