

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
**ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 POLITICAL ACTION COMM-
 ITTEE**

ADDRESS (Home or street) **32-32 48TH AVENUE**
 (Check if address is changed) **LONG ISLAND CITY NY 11101**
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
DAVEGROTE@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
5168542207

2. DATE **04 / 04 / 2005**

3. FEC IDENTIFICATION NUMBER **C C00386821**

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 **PATRICK DOLAN**

Signature of Treasurer Electronically Filed by **PATRICK DOLAN** Date **04 / 29 / 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

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 63B POLITICAL ACTION COMMITTEE _____

Mailing Address _____ 82-32 48TH AVENUE _____

_____ LONG ISLAND CITY _____ NY _____ 11101 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 63B POLITICAL ACTION COMMITTEE

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 **PATRICK DOLAN**

Mailing Address **32-32 48TH AVENUE**

LONG ISLAND CITY NY 11101

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 **PATRICK DOLAN**

Mailing Address **32-32 48TH AVENUE**

LONG ISLAND CITY NY 11101

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

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

LONG ISLAND CITY NY 11101

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

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

UNITED ASSOCIATION POLITICAL EDUCATION FUND

Mailing Address

PO BOX 37900

WASHINGTON

DC

20013

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

NATIONAL UNION PAC

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

X

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____
