

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEDERAL ELECTION
MISSION MAIL ROOM

MAR 1 3 30 AM '98

1. (a) NAME OF COMMITTEE IN FULL

PLUMBERS LOCAL UNION NO. 1 - NYC
POLITICAL ACTION COMMITTEE

(b) Number and Street Address

158-29 CROSS BAY BLVD.

(c) City, State and ZIP Code

HOWARD BEACH, NY 11414

2. FEC IDENTIFICATION NUMBER

C00327478

3. TYPE OF COMMITTEE (check one)

STATE PARTY

OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: _____

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 5/1/97

(d) **Qualification:** The committee met the above requirements on: 11/18/97

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

SIGNATURE OF TREASURER

DATE

Jimmy Hart

Jimmy Hart

2-2-78

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.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-218-3420

FEC FORM 1M

(9/93)

