## STATEMENT OF

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FORM 1		ORGANI	ZATI	ON			Office U	se Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)		ample:If typing or the lines.	, type	12FE4M	5	
PLUMBERS	SLOC	AL UNION NO	D. 1 N	YC-POL	ITICA	LACT	ION C	OMMITTEE
ADDRESS (number a	nd street)	50-02 5th Street, 2nd Fl						
(Check if a is changed								
is changed	·)	Long Island City CITY				NY STATE ▲	11101	ZIP CODE ▲
COMMITTEE'S E-MA	AL ADDRES	SS						
(Check if a is changed		cvuotto@ualocal1.d	org					
		Optional Second E-Mai	I Address al1.org					
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL)						
2. DATE 0	1 24	2017						
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C003274	78				
4. IS THIS STATEM	MENT	NEW (N) OF	R X	AMEND	ED (A)			
I certify that I have e	examined thi	s Statement and to the	best of my	knowledge an	d belief it is	s true, corre	ct and com	plete.
Type or Print Name	of Treasurer	O'CONNOR, PAUL, , ,						
Signature of Treasure	er <i>O'CON</i>	NNOR, PAUL, , ,		[Electronically	Filed] [	Date (	)1 / D	2017
NOTE: Submission of		ous, or incomplete informa	-					Ities of 2 U.S.C. §437g.
Office Use Only				For further inf Federal Election Toll Free 800-4 Local 202-694-	n Commissior 24-9530			C FORM 1 vised 06/2012)

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE Committee:	
(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. (Con information below.)	nplete the candidate
Name Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name	e of lidate		
Part	ty Con	nmittee:  (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

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Write or Type Committee Name		
PLUMBERS LOC	CAL UNION NO. 1 NYC-POLITICAL ACTION	N COMMITTEE
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
PLUMBERS LOCAL L	NION NO. 1 - POLITICAL ACTION COMMITTEE	
Mailing Address		
, and the second		
	CITY STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Relationship.	7 minuted Committee South and along representative	Esadorsinp 1710 oponsor
<ol> <li>Custodian of Records: Ider books and records.</li> <li>Vuotto, Ca Full Name</li> <li>Mailing Address</li> </ol>	rmen, , , , , , , , , , , , , , , , , , ,	n possession of committee
J		
	Long Island City NY 111	101
Title or Position	CITY STATE	ZIP CODE
Controller	Telephone number 718	- 738 - 7500
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
	R, PAUL, , ,	1
of Treasurer	50-02 5th Street	
Mailing Address		
	Long Island City   NY   1111	101
	Long Island City NY 1111  CITY STATE	ZIP CODE
Title or Position Treasurer	718	738 7500

Telephone number

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Teleph	none number	
safety deposit boxes or Name of Bank, Deposi		committee deposits funds, h	olds accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc.	committee deposits funds, h	
safety deposit boxes or Name of Bank, Deposition   M   8	maintains funds.  tory, etc.  T Bank  10-30 Jackson Avenue	NY 1110	11
safety deposit boxes or Name of Bank, Deposition	r maintains funds.  tory, etc.   A T Bank  10-30 Jackson Avenue  LIC  CITY		
safety deposit boxes or Name of Bank, Deposit Mame of Bank, Deposit Manual Mailing Address	r maintains funds.  tory, etc.   A T Bank  10-30 Jackson Avenue  LIC  CITY	NY 1110	
Safety deposit boxes or Name of Bank, Deposit Mailing Address  Name of Bank, Deposit Name of Bank, Deposit Labeled Park, Deposit Lab	r maintains funds.  tory, etc.   T Bank  10-30 Jackson Avenue  LIC  CITY  tory, etc.	NY 1110 STATE	11
safety deposit boxes or Name of Bank, Deposit Mailing Address  Name of Bank, Deposit Name of Bank, Deposit Land Name of Bank, Dep	r maintains funds.  tory, etc.   T Bank  10-30 Jackson Avenue  LIC  CITY  tory, etc.	NY 1110 STATE	
safety deposit boxes or Name of Bank, Deposit Mame of Bank, Deposit Manual Mailing Address	r maintains funds.  tory, etc.   T Bank  10-30 Jackson Avenue  LIC  CITY  tory, etc.	NY 1110 STATE	