

2008 JUL 12 P 3 36

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.

12FB4M5

LOCAL 32B-32J, SEIU POLITICAL ACTION FUND

ADDRESS (number and street)

101 AVENUE OF THE AMERICAS

(Check if address
is changed)

NEW YORK

NY

10013

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

hfigueroa@sciu32bj.org

larme@sciu32bj.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07 07 2001

3. FEC IDENTIFICATION NUMBER ▶

C 0 0 3 5 5 2 8 9

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 Hector Figueroa

Signature of Treasurer

Date

07 11 2001

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-6630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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

- (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

LOCAL 32B-32J SERVICE EMPLOYEES INTERNATIONAL UNION

Mailing Address

101 AVENUE OF AMERICAS

NEW YORK

NY

10013

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED ORGANIZATION

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

[SEE ATTACHED]

SEIU COPE
1313 L STREET, NW
WASHINGTON, DC 20005
AFFILIATED ORGANIZATION

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and location of the person in possession of committee books and records.

Full Name LORI ANN ORME

Mailing Address 101 AVENUE OF AMERICAS

NEW YORK NY 10013

Title or Position ASSISTANT TREASURER 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 HECTOR FIGUEROA

Mailing Address 101 AVENUE OF AMERICAS

NEW YORK NY 10013

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent LORI ANNE ORME

Mailing Address 101 AVENUE OF AMERICAS

NEW YORK NY 10013

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number

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.

FLEET BANK

Mailing Address

1185 6TH AVENUE

3RD FLOOR

NEW YORK NY 10036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-12-01</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	

JMD
PREPARER

7-12-01
DATE PREPARED