

**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

PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

ADDRESS (Number and street)

158-29 GEORGE MEANY BOULEVARD

(Check if address is changed)

HOWARD BEACH

NY

11414

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

fcpchunt@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7188350896

2. DATE 02 / 07 / 2005

3. FEC IDENTIFICATION NUMBER C C00327478

4. IS THIS STATEMENT X 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 Mr. JOHN J. MURPHY

Signature of Treasurer Electronically Filed by Mr. JOHN J. MURPHY Date 02 / 07 / 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

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

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

PLUMBERS LOCAL UNION NO. 1 \_\_\_\_\_

Mailing Address \_\_\_\_\_ 158-29 GEORGE MEANY BOULEVARD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ HOWARD BEACH \_\_\_\_\_ NY \_\_\_\_\_ 11414 - \_\_\_\_\_

CITY A

STATE A

ZIP CODE A

Relationship \_\_\_\_\_ LABOR UNION \_\_\_\_\_

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

**PLUMBERS LOCAL UNION NO. 1 NYC-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 **PLUMBERS LOCAL UNION NO. 1**

Mailing Address **158-29 GEORGE MEANY BLVD**

**HOWARD BEACH NY 11414**

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

**ORGANIZATION Telephone number 718 - 738 - 7500**

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 **Mr. JOHN J. MURPHY**

Mailing Address **39 RICHARD LANE**

**THORNWOOD NY 10594**

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

**TREASURER Telephone number 718 - 738 - 7500**

Full Name of Designated Agent **GEORGE W. REILLY**

Mailing Address

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

**BUSINESS MANAGER Telephone number 718 - 738 - 7500**

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.

CITIBANK

Mailing Address

PO BOX 5870 GRAND CENTRAL STATION

NEW YORK

NY

10163

CITY Δ

STATE Δ

ZIP CODE Δ