# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)

ITT INDUSTRIES POLITICAL ACTION COMMITTEE a/k/a (IINPAC

2. DATE

5-1-99

(b) Number and Street Address ☐ (Check if address is changed)

4 WEST RED OAK LANE

3. FEC IDENTIFICATION NUMBER

C00141002

(c) City, State and ZIP Code

WHITE PLAINS, NY 10604

4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

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 | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)

☒ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| ITT INDUSTRIES | 4 WEST RED OAK LANE<br>WHITE PLAINS, NY 10604 | CONNECTED ORGANIZATION |

Type of Connected Organization

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

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 | Mailing Address | Title or Position |
|---|---|---|
| KATHY STOLAR | 4 WEST RED OAK LANE<br>WHITE PLAINS, NY 10604 | SECRETARY |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee — the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|---|---|---|
| WILLIAM KANSKY | 4 WEST RED OAK LANE<br>WHITE PLAINS, NY 10604 | TREASURER |
| THOMAS H. MARTIN | " " | DESIGNATED AGENT / CHAIRMAN |

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. | Mailing Address and ZIP Code |
|---|---|
| COMERICA BANK | P.O. BOX 75000, DETROIT, MI 48275-2250 |
| CHASE MANHATTAN BANK | ONE CHASE MANHATTAN PLAZA, NEW YORK, NY 10081 |

*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 |
|---|---|---|
| WILLIAM KANSKY | [signature] | 5/01/99 |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

**FEC FORM 1**
(revised 4/97)

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.

| | | |
|---|---|---|
| ☑ | Hand Delivered | Date of Receipt 5-5-99 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

| | |
|---|---|
| PREPARER | DATE PREPARED 5-5-99 |

(4/98)