

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC
MARCH 12 2007

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

AMALGAMATED LITHOGRAPHERS OF AMERICA, GCC-IBT
LOCAL 2-L PAC FUND

ADDRESS (number and street)

113 UNIVERSITY PLACE

(Check if address
is changed)

NEW YORK NY 10003-4521

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ploprest@litho.org acatano@litho.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.litho.org

COMMITTEE'S FAX NUMBER

212-673-5102

2. DATE

03 12 2007

3. FEC IDENTIFICATION NUMBER ▶

C00356741

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Anthony Cafano

Signature of Treasurer

(X) Anthony Cafano

Date

03 12 2007

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

270199404077

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

AMALGAMATED LITHOGRAPHERS OF AMERICA, GCC-IBT
LOCAL 1-L

Mailing Address 113 UNIVERSITY PLACE

NEW YORK NY 10003-4507

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

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

270399404073

Write or Type Committee Name

AMALGAMATED LITHOGRAPHERS OF AMERICA, GCC-IBT Local 1-L PAC FUND

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 ANTHONY CAIFANO

Mailing Address GCC-IBT LOCAL 1-L
113 UNIVERSITY PLACE
NEW YORK NY 10003-4527

Title or Position CITY STATE ZIP CODE

SECRETARY-TREASURER Telephone number 212-460-0800

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 ANTHONY CAIFANO

Mailing Address 113 UNIVERSITY PLACE
NEW YORK NY 10003-4527

Title or Position CITY STATE ZIP CODE

SECRETARY-TREASURER Telephone number 212-460-0800

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

2702040207

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.

AMALGAMATED BANK OF NEW YORK

Mailing Address

111 1/2 UNION SQUARE

NEW YORK

NY

10005-1537

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 FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 3/19/07
 PREPARER DATE PREPARED
 (3/2005)

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