

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Oct 30 12 30 PM '01

Office Use Only

1. NAME OF
COMMITTEE (In full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

LOGICAL 11199 FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET



(Check if address
is changed)

NEW YORK

NY

10036-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

04 19 1991

3. FEC IDENTIFICATION NUMBER ▶

C00D22400

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

GEORGE GRESHAM

Signature of Treasurer

Date

10 30 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 800-424-8530
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

SERVICE EMPLOYEES INTERNATIONAL UNION COMM. ON
 POLITICAL EDUCATION

Mailing Address 1313 L ST N.W.
 WASHINGTON D.C. 20036
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED COMMITTEE

Type of Connected Organization:

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

Write or Type Committee Name

LOCAL 1199 FEDERAL 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 JEFFREY J. CUNNINGHAM
 Mailing Address 330 WEST 42ND STREET
NEW YORK NY 10036
 Title or Position ASSISTANT TREASURER CITY NEW YORK STATE NY ZIP CODE 10036
 Telephone number 212-603-1735

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 GEORGE GRESHAM
 Mailing Address 310 WEST 43RD STREET
NEW YORK NY 10036
 Title or Position TREASURER CITY NEW YORK STATE NY ZIP CODE 10036
 Telephone number 212-582-1890

Full Name of Designated Agent JEFFREY J. CUNNINGHAM
 Mailing Address 330 WEST 42ND STREET
NEW YORK NY 10036
 Title or Position ASSISTANT TREASURER CITY NEW YORK STATE NY ZIP CODE 10036
 Telephone number 212-603-1735

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.

A M I R I G R A M A T E D B A N K

Mailing Address

11-15 UNION SQUARE

NEW YORK NY 10003

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.

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|---|---|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>10/30/01</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 | |

DAO
PREPARER

10/30/01
DATE PREPARED