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2003 DEC -9 A 9 33

101 W. 23rd Street, #2258
New York, New York 10041
December 3, 2003

Federal Election Commission
99 E Street, N.W.
Washington, D.C. 20463

To Whom It May Concern,

Please find enclosed a copy of the FEC Form 1 Statement of Organization which I am filing to establish a non connected political action committee.

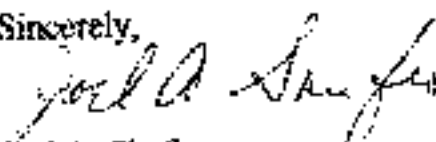
The name of the political action committee is Political Action Committee for Occupational Safety and Health (PACOSH). I am serving as the Treasurer.

Our address is listed above. Our phone is 917-572-7715. We do not have a email address or url at this moment, but will notify the commission immediately if and when we do establish either.

I expect to raise \$50,000 during the current election cycle and will file electronically upon receipt of a password.

Thank you for your assistance in this matter

Sincerely,


Joel A. Shufro
Treasurer

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

1237E4MS

POLITICAL ACTION COMMITTEE FOR OCCUPATIONAL
SAFETY AND HEALTH (PROASH)

ADDRESS (number and street)

1101 No 23rd St

(Check if address
is changed)

#2258

NEW YORK

NY

10011-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

N/A

2. DATE

12 03 2003

3. FEC IDENTIFICATION NUMBER ▶

C

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

Joel A. Shufes

Signature of Treasurer

Joel A. Shufes

Date

12 03 2003

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 877-424-6811
Local 202-694-1100

FEC FORM 1
(Revised 10/2003)

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

- (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

IMA _____

Meeting Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

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 JOEL A. SCHUBO

Mailing Address 101 W 23RD ST
10011
NEW YORK NY 10011

Title or Position CITY STATE ZIP CODE

Telephone number 917-592-1915

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 JOEL A. SCHUBO

Mailing Address 101 W 23RD ST
NEW YORK NY 10011

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 917-592-1915

Full Name of Designated Agent

Mailing Address

Title or Position 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.

COMMERCIAL BANK

Mailing Address

700 ALBANY STREET

NEW YORK NY 10009

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 type="checkbox"/> | Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> | First Class Mail | POSTMARKED 12-4-03 |
| <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 | |
|  PREPARER | | 12-5-03 DATE PREPARED |