

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC

ADDRESS (Home or street) 320 WEST 46TH 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)

COMMITTEE'S FAX NUMBER
2128998045

2. DATE 06 / 01 / 2004

3. FEC IDENTIFICATION NUMBER C C00325639

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. Donald Kleinschmidt

Signature of Treasurer Electronically Filed by Mr. Donald Kleinschmidt Date 06 / 03 / 2004

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				
-----------------------	--	--	--	--

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
-----------------------------	----------------	-------	--------	-----------	----------------

- (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

THEATRICAL PROTECTIVE UNION LOCAL NO ONE AT SE NEW YORK CITY STAGEHANDS PAC NC _____

Mailing Address _____ 320 WEST 46TH STREET _____

NEW YORK _____ NY _____ 10036 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ Connected organizati _____

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

THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC

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 **Mr. James Claffey, Jr.**

Mailing Address **1200 Warburton Ave**

Yonkers **NY** **10701**
Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

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. Donald Kleinschmidt**

Mailing Address **9A Village Drive**

Greenwood Lake **NY** **10925**
Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Greenwood Lake **NY** **10925**
Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

