

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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Aug 1 2 25 PM '95

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION #237 COMMUNITY ACTION PROGRAM	2. DATE JULY 21, 1995
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 8803 NIAGARA FALLS BLVD.	3. FEC Identification Number C00236893
(c) City, State and ZIP Code NIAGARA FALLS, NEW YORK 14304	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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
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I.B.E.W. LOCAL UNION #237	8803 NIAGARA FALLS BLVD. L.P.O. BOX 120 NIAGARA FALLS, NY 14304	AFFILIATED
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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 TIMOTHY J. REED	Mailing Address 8803 NIAGARA FALLS BLVD., NIAGARA FALLS, NY 14304	Title or Position TREASURER
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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 TIMOTHY J. REED	Mailing Address 8803 NIAGARA FALLS BLVD., NIAGARA FALLS, NY 14304	Title or Position TREASURER
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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. M & T BANK	Mailing Address and ZIP Code 2443 MILITARY ROAD, NIAGARA FALLS, NY 14304
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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 TIMOTHY J. REED	SIGNATURE OF TREASURER 	DATE JULY 21, 1995
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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: FESAN045
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-219-3420

FEC FORM 1
(revised 4/87)

Federal Election Commission
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MB
PREPARER

8-1-95
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