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FEC MAIL CENTER

January 14, 2011

Federal Election Commission 999 E. Street, N.W. Washington, DC 20463

Dear Sir / Madam,

Enclosed please find executed Statement of Organization (FEC Form 1). Should you have any questions, or need any additional information, please feel free to call me at (732) 452-7812

Sincerely

Daniel Massaro

Chief Financial Officer

11030550663

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FEC ORGANIZATION

FORM 1		ORGANIZ	ZATION		Office Use Only		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, typover the lines.	De 12FE4M			
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POLITIC	ALL	ACTION GO	H,H,I,T,T,E,E,				
ADDRESS (number a	nd street)	13,3,3, TT.H.O.R.	NALL STRE	E _I T, , , ,			
(Check if address is changed)		Sigilitie 3A					
		EDISON			[0,8,8,3,7]-[
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only one	e-mail address)				
(Check if	DIMIAISISIAIRIO DINIYISIAINETTORIGI						
(Check if address is changed)							
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)					
FFT Charles				<u> </u>			
(Check if is change							
2. DATE 0		o'aott					
3. FEC IDENTIFIC	CATION NU	MBER C					
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED	(A)			
I certify that I have e	examined th	is Statement and to the be	est of my knowledge and be	elief it is true, correc	ct and complete.		
Type or Print Name	of Treasurer	DANIEL M	ASSARO				
Signature of Treasure	er	DJy.	mar d	Date 0	114/2011		
NOTE: Submission of			on may subject the person sig		o the penalties of 2 U.S.C. §437g.		
Office Use Only			For further informs Federal Election Co Toll Free 800-424-9 Local 202-694-1100	mmission 530	FEC FORM 1 (Revised 02/2009)		

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
. TYP	E OF C	OMMITTEE	
Ca	ndidate	e Committee:	
(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. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliat	on Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Cor	nmittee:	
(d)			Democratic, lepublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
	21127	Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		—v—v—v—v—v—v
	2.		
	3.	FEC ID number C	
	4.	FEC ID number	

FEC Form 1 (Revised	J 02/2009)		Page 3
Write or Type Committee Nar	ne		
NEW YORK SH	HIPPING ASSOCIATION I	INC. POLITICAL	ACTION COMMITT
	Organization, Affiliated Committee, Joint Fun		
.1			
MEIN MORKIS	IHII IPIPII INIGI IASISIOICII IAT	TIION, TINCLI	
Mailing Address	131313 THORNALLY ISIT	RIEIEIT	
	SWITE BALLLI	1 1 1 1 1 1 1 1 1	
	[EIDII ISIOIN	ו וסאו ווו	0,8,8,3,71-1
	CITY	STATE	ZIP CODE
Relationable: V.C.	ed Organization Affiliated Committee	int Eundralaina Banasaatati	Ol andership BAC Secret
Helationship: Connect	ed Organization Parlimated Committee	int Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone number optio	nal) and position of the persor	in possession of committee
	A A		
Full Name TRE	ASURER.	<u> </u>	
Mailing Address			
		ا لیا لیب	
Title or Position	CITY	STATE	ZIP CODE
The Of Fosidon	GILL	UNIL	2.11 0002
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone number	J-L
 Treasurer: List the name a any designated agent (e.g. 	and address (phone number optional) of the tr	easurer of the committee; and	the name and address of
any designated agent (e.g.	assistant housardry.		
Full Name of Treasurer	I.E.L. MASSARO	<u> </u>	
Mailing Address	13,3,3, THORNALL ST	REET	
-	Bultitle 3A		, , , , , , , , , ,
	EDISON	1 1 10/37 10	788371-1
	CITY	STATE	ZIP CODE
Title or Position		0 C 1	u W Cal Ing - at
TREASURER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone number	1-1452-17800

FEC Form 1 (Revise	d 02/2009)		Page 4				
Full Name of Designated Agent							
Mailing Address							
	CITY	STATE	ZIP CODE				
Title or Position		e number	<u> </u>				
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.							
W.E.L.	LS. FARGO						
Mailing Address	1190 RIVER ROAD						
	SUMMIT		079011-				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository,	etc.						
ليبيا							
Mailing Address							
		لــا لـ					
	CITY	STATE	ZIP CODE				

(3/2005)

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):