FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORM 1 (See instructions)					
	(See II	nstructions)		Office use only		
1. NAME OF COMMITTEE (in	full) (Check if r is changed		12FE4M5			
PLUMBERS 8	PIPEFITTERS LOCAL UNI	ON NO 522 POLITICAL ACTION	ON FUND			
ADDRESS (number and	street) 1317 BERRY I	BLVD 				
(Check if add						
is changed)	LOUISVILLE			40215		
COMMITTEE'S E-MA	AIL ADDRESS	CITY▲	STATE▲	ZIP CODE ▲		
dannydespair	n@lu502.com - - - - - - - - - - - - -		11111			
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
COMMITTEE'S FAX 5023668453	NUMBER					
2. DATE M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y				
3. FEC IDENTIFICA	ATION NUMBER	C C00347500	·			
4. IS THIS STATE!	MENT NEW (N)	OR X AMENDED (A)			
I certify that I have exam	nined this Statement and to the best	of my knowledge and belief it is true, co	rrect and complete			
Type or Print Name of	Treasurer George D	DeSpain				
Signature of Treasure	r Electronically Filed by Ge	orge D DeSpain	Date 12 M	0 1 Y 2006		
NOTE: Submission of fa	·	nation may subject the person signing the	•	-		
Office Use Only		For further inform Federal Election Co Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2003)		

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5.	TYPE OF CO	MMITTEE (Check One)			
	(a)	This committee is a principal campaign commi	ttee. (Complete the candidate inf	formation below.)	
	(b)	This committee is an authorized committee, an information below.)	d is NOT a principal campaign o	committee. (Complete	the candidate
	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	L			
	(d) X (e) X (f)		ational, State r subordinate) committee of the ne Federal candidate, and is NO	T a separate segregat	(Democratic, Republican,etc.) Party.
6. 		Connected Organization or Affiliated Comm			<u> </u>
_	Mailing Addres	901 MASSA(CHUSETTS AVENUE, NW		
	Walling Addition	L WASHINGTO	DN	pc	20001
		CITY	∕▲	STATE A	ZIP CODE
	Relationship	AFFILIATE			
	Type of Conne	ected Organization:			
	Corpo	oration Corpora	ation w/o Capital Stock	X Labor Orga	nization
	Mem	bership Organization Trade A	Association	Cooperative	9

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Write or Type Committee Name

DI LIMPEDE &	DIDECITTEDS I	CAL UNION NO 522	DOLITICAL	ACTION FUND
PLUINDERO &	PIPERII IERO LU	JCAL UNION NO 322	PULITICAL	ACTION FUND

Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name					
Mailing Address					
Title or Position ♥	CITY A	STATE▲	ZIP CODE A		
		Telephone number			
Treasurer: List the name name and address of any	and address (phone number optiona designated agent (e.g., assistant treas	al) of the treasurer of the commit surer).	ttee; and the		
Full Name of Treasurer Georg	e D DeSpain				
Mailing Address	1317 Berry Blvd				
Mailing Address	1317 Berry Blvd Louisville	KY	40215		
Mailing Address Title or Position ♥		KY	40215		
•	Louisville CITY A		ZIP CODE ▲		
Title or Position ♥	Louisville CITY A	STATE \$	ZIP CODE ▲		
Title or Position ▼ Treasurer Full Name of Designated	Louisville CITY A	STATE \$	ZIP CODE ▲		
Title or Position ▼ Treasurer Full Name of Designated Agent	Louisville CITY A	STATE \$	ZIP CODE ▲		
Title or Position ▼ Treasurer Full Name of Designated Agent	Louisville CITY A	STATE \$	ZIP CODE A		

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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.

