

**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

TAKE BACK AMERICA SERVICE EMPLOYEES INTERNATIONAL UNION

ADDRESS (Home or street)

330 WEST 42ND STREET 9TH FLOOR

(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

2. DATE 05 / 13 / 2004

3. FEC IDENTIFICATION NUMBER C C00392969

4. IS THIS STATEMENT NEW (N) OR X 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 PATRICK BRENNAN

Signature of Treasurer Electronically Filed by PATRICK BRENNAN Date 05 / 13 / 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 202-694-1100

**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
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- (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

SERVICE EMPLOYEES INTERNATIONAL UNION \_\_\_\_\_

Mailing Address \_\_\_\_\_ 1313 L. STREET N.W. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ WASHINGTON \_\_\_\_\_ DC \_\_\_\_\_ 20005 \_\_\_\_\_

CITY STATE ZIP CODE

Relationship \_\_\_\_\_ CONNECTED \_\_\_\_\_

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

**TAKE BACK AMERICA SERVICE EMPLOYEES INTERNATIONAL UNION**

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 **PATRICK BRENNAN**

Mailing Address **7515 NARROWS AVENUE**

**BROOKLYN NY 11209 -**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**TREASURER**

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 **PATRICK BRENNAN**

Mailing Address **7515 NARROWS AVENUE**

**BROOKLYN NY 11209 -**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**TREASURER**

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent **MICHAEL WINICKI**

Mailing Address **275 MADISON AVENUE, SUITE 902**

**NEW YORK NY 10016 -**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**ASSISTANT TREASURER**

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.

AMALGAMATED BANK OF NEW YORK

Mailing Address

11-15 UNION SQUARE

NEW YORK

NY

10003

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

SEIU COPE FUND

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

1313 L STREET, N.W.

\_\_\_\_\_

WASHINGTON DC 20005 2108

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

AFFILIATED

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

1199 SERVICE EMPLOYEES INTERNATIONAL UNION FEDERAL POLITICAL ACTION FUND

\_\_\_\_\_

Mailing Address

390 WEST 42ND STREET, 7TH FLOOR

\_\_\_\_\_

NEW YORK NY 10036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

AFFILIATED

\_\_\_\_\_

Type of Connected Organization:

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

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

1199 32BJ144 SEIU HOMECARE POL ACTION

Mailing Address

390 WEST 42ND STREET, 7TH FLOOR

NEW YORK

NY

10036

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_