

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

UNIFORMED FIREFIGHTERS ASSOCIATION OF NEW YORK POLITICAL ACTION COMMITTEE (FIRE PAC)

ADDRESS (number and street) 204-208 EAST 23RD STREET

(Check if address is changed)

NEW YORK CITY ▲ NY STATE ▲ 10010 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) ebrown@ufanyc.org

Optional Second E-Mail Address

spettit@ufany.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) UFANYC.ORG

2. DATE 08 / 01 / 2014

3. FEC IDENTIFICATION NUMBER ▶ C C00254193

4. IS THIS STATEMENT 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 EDWARD BROWN

Signature of Treasurer EDWARD BROWN [Electronically Filed] Date 08 / 01 / 2014

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.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

5. TYPE OF COMMITTEE

Candidate 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. (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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

UNIFORMED FIREFIGHTERS ASSOCIATION OF NEW YORK POLITICAL ACTION COMMITTEE (FIRE PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

UNIFORMED FIREFIGHTERS ASSOCIATION

Mailing Address 204-208 EAST 23RD STREET NEW YORK NY 10010 CITY STATE ZIP CODE

Relationship: [X] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

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 EDWARD BROWN Mailing Address 204-208 EAST 23RD STREET NEW YORK NY 10010 CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE TREASURER Telephone number 212 683 4832

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 EDWARD BROWN Mailing Address 204-208 EAST 23RD STREET NEW YORK NY 10010 CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE TREASURER Telephone number 212 683 4832

Full Name of Designated Agent

EDMOND P BRADY

Mailing Address

293 EISENHOWER PKWY

SUITE 270

LIVINGSTON

NJ

07039

CITY

STATE

ZIP CODE

Title or Position

CPA

Telephone number

914

237

3676

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

275 7TH AVENUE

14TH FLOOR

NEW YORK

NY

10001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE