

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 I.U.O.E LOCAL 15 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **205 WEST 14TH STREET**
 Check if different than previously reported. (ACC) **NEW YORK NY 10011**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00163956

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on 09 10 2002 in the State of NY
 (b) Monthly Report Due On:
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2002 through 08 21 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **ROBERT SHAW**

Signature of Treasurer Electronically Filed by ROBERT SHAW Date **08 27 2002**

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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(Revised 1/2001)