STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, typus is changed) over the lines	
International L	Inion of Operating Engineers Local 57 Political Action	
ADDRESS (number and s	street)	
(Check if address is changed)	Providence	
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) iuoelocal57@verizon.net	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 1.0		
3. FEC IDENTIFICA	TION NUMBER C C00448746	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED	(A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, co	rrect and complete
Signature of Treasurer	Electronically Filed by Timothy Quillen	Date
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPOR	
Office Use Only	For further inform Federal Election C Toll Free 800-424-	ommission FEC FORM 1 -9530 (Revised 02/2009)

	ı	FEC F	Form 1 (Revised 02/2009)	Page 2			
5.			OMMITTEE (Check One) 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 information below.)	ne candidate			
	Name Candi						
	Candi Party	idate Affiliatio	on Office House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Party	Comm					
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Politic	cal Act	tion Committee (PAC):				
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
			Corporation Corporation w/o Capital Stock X La	bor Organization			
			Membership Organization Trade Association Co	poperative			
			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 committee. (i.e., nonconnected committee)	d fund or party			
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
_	Joint F	Fundra	ising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	r more political			
	(0)	ш	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.				
		Com	mittees Participating in Joint Fundraiser				
			1. FEC ID number				
			2. FEC ID number				
			3. FEC ID number				
			. FEC ID number C				

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W	rite or Type Committee Name			
	International Union o	f Operating Engineers Local 57 Political Acti	on Fund	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraisin	g Representative, or Leade	ership PAC Sponsor
L	International Union of	Operating Engineers Local 57 Political Actio	n Fund	1 1 1 1 1 1 1 1 1
		<u> </u>	<u> </u>	<u> </u>
	Mailing Address	141 Gano Street	<u> </u>	
		Providence Providence		02906
		CITY	STATE A	ZIP CODE
	Relationship:			
	X Connected Organization	Affiliated Committee Joint Fund	draising 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. Timothy Quillen Full Name			
	Mailing Address	141 Gano Street		
		Providence		02906
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
	Treasure	- -	lephone number	
8.	name and address of a	ne and address (phone number optional) of the ny designated agent (e.g., assistant treasurer).	e treasurer of the commi	ttee; and the
	Mailing Address	141 Gano Street		
		Providence	RI	02906
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
	Treasur	er _	Joshana sumbar 401	_ 421 _ 6678

Telephone number

Full Name of Designated Agent Mailing Address Title or Position ▼ CITY A STATE A ZIP CODE A Telephone number — — — — — — — — — — — — — — — — — — —	FEC Form 1 (Revise	d 02/2009)		Page 4		
Title or Position ▼ CITY A STATE A ZIP CODE A 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. Sovereign Bank Mailing Address One Savereign Way East Providence Ri 02915 — CITY A STATE ZIP CODE A Name of Bank, Depository, etc.	Designated					
P. Banks or Other Depositories: Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Sovereign Bank Mailing Address CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.	Mailing Address					
P. Banks or Other Depositories: Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Sovereign Bank Mailing Address CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.	Title ou Desilier •	OLTV				
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. Sovereign Bank Mailing Address One Savereign Way CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	Title or Position \blacktriangledown	CHYA	STATE	ZIP CODE A		
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. Sovereign Bank Mailing Address One Savereign Way CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address		Te	lephone number			
Sovereign Bank Mailing Address One Savereign Way East Providence CITY \(\text{STATE} \) STATE \(\text{ZIP CODE} \) Name of Bank, Depository, etc.			•			
East Providence RI 02915 CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address		Name of Bank, Depository, etc. Sovereign Bank				
Name of Bank, Depository, etc. Mailing Address	Mailing Address	One Savereign way				
Name of Bank, Depository, etc. Mailing Address						
Name of Bank, Depository, etc. Mailing Address		East Providence	ŖI _	02915		
Mailing Address Line Indiana Address		CITY 🗖	STATE. △	ZIP CODE 🛕		
	Name of Bank, Depository,	etc.				
CITY A STATE A ZIP CODE A	Mailing Address					
CITY STATE ZIP CODE						
CITY A STATE ZIP CODE A						
		CITY 🗖	STATE △	ZIP CODE 🛕		

Banks or Other Depositories: safety deposit boxes or maintain		ttee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, etc.		I	[ADDITIONAL]
Mailing Address		<u> </u>	
		<u> </u>	
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
	anization, Affiliated Committee, Joint Fundraising Repo		
Mailing Address	1125 17th St, NW		
	Washington	DC L	20036
ationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	presentative Lead	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Telepho	one number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE	C ID number	