Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **USW Works** 60 Boulevard of the Allies ADDRESS (number and street) (Check if address is changed) Pittsburgh 15222-1214 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS epasterick@usw.org (Check if address X is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00556274 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Johnson, Stanley, W,, Type or Print Name of Treasurer Johnson, Stanley, W,, [Electronically Filed] 04 17 2019 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF C	OMMITTEE 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Domogratia
(d)		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected organization is a
	Corporation Wo 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 secommittee. (i.e., nonconnected committee)	egregated 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 Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Committee Name		
USW Works		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
United Steelworkers Po	olitical Action Fund	
Mailing Address	60 Boulevard of the Allies	
, and the second	Pittsburgh PA 1522	Z2-1214 ZIP CODE
Relationship: Connected	Organization X Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in	possession of committee
Johnson, S	Stanley, W, ,	1
Full Name	60 Blvd of the Allies	
Mailing Address		
	4500	20 4000
	PA 1522	22-1228
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 412	562 - 2325
Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Johnson, S of Treasurer	tanley, W, ,	
Mailing Address	60 Blvd of the Allies	
		22-1228
Title or Position , Treasurer	CITY STATE	ZIP CODE

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		-
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		ZIF CODE
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, poxes or maintains funds. Depository, etc.	holds accounts, rents
safety deposit b	Depository, etc. PNC Bank Two PNC Plaza	holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue	holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue	
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh PA 152	22-1214
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh PA 152	22-1214 ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh CITY STATE Depository, etc.	22-1214 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh CITY STATE Depository, etc.	22-1214 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank Two PNC Plaza 620 Liberty Avenue Pittsburgh CITY STATE Depository, etc.	22-1214 ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) c	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	United Steelworke	rs 		
	Mailing Address	60 Blvd of the Allies		
		Pittsburgh	PA	15222-1228
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	x Connected	Organization Affiliated Committee Joint F	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION	CITY Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A