FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	URGANIZATION	١	
	(See instructions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name Exam is changed) over the	ple: If typying, type ne lines	12FE4M5
International Activities Cor	Jnion of Operating Engineers Local 324 N	ational Political	
ADDRESS (number and	street) 37450 Schoolcraft Rd Suite 1	10	
(Check if add	ess		
is changed)	Livonia		MI 48150 - 1072
OOMMITTEE'O E MA	CITY_		STATE▲ ZIP CODE ▲
rose@benesy			ı
			 .
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX 734-462-4830	NUMBER		
2. DATE 0 4	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
3. FEC IDENTIFICA	ATION NUMBER C C000	93989	
4. IS THIS STATEM	MENT NEW (N) OR X	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my knowledge and	belief it is true, correct and	I complete
Type or Print Name of	Treasurer Mr. Leo L. Bodette		
Signature of Treasure	Electronically Filed by Mr. Leo L. Bodette	· [Date 04 / 10 / Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the		•
Office Use Only		For further information co Federal Election Commission Food 202 694 1100	

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the campaign committee) information below.)	andidate
	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	
		emocratic, publican,etc.) Party. and or party
6.	Name of Any Connected Organization or Affiliated Committee	
	International Union of Operating Engineers Local 324	
L		
	Mailing Address 37450 Schoolcraft Rd. Suite 110	
	Livonia MI MI 48	150 _ 1072
	CITY STATE A	ZIP CODE A
	Relationship Connected Organization	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock X Labor Organization	on
	Membership Organization Trade Association Cooperative	

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W	/rite or Type Committee	Name				
	International Unices Comm.	on of Operating Engineers Local 324 N	National Political Activiti-			
7.	Custodian of Record	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Full Name	Ms. Rose Allen-Burke				
	Mailing Address					
		Suite 300				
		Troy			48098	
	Title or Position ♥	CITY A	STAT	E▲	ZIP CODI	■ ▲
	Acc	ounting Superviso	Telephone number	248	813 	9800
	of Treasurer" Mailing Address		Leo L. Bodette 37450 Schoolcraft Rd Suite 110			
		Livonia			48150	1072
	Title or Position ♥	CITY A	STAT	EA	ZIP COD	E A
	Bus	iness Repr.	Telephone number	734	462	3660
	Full Name of Designated Agent					
	Mailing Address					
	Title or Position ♥	CITY A	STAT	E▲	ZIP CODE	A

Telephone number

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9.	Banks or Other Depositories safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	ınts, rents
		One, Michigan	
	Mailing Address	37458 Six Mile Rd	
		Livonia MI 48	152

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

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