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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Operating Engineers Local 98 POL Action Committee - Social Action Fund 2 CENTER SQ PO BOX 217 ADDRESS (number and street) (Check if address is changed) EAST LONGMEADOW 01028 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dfay@local98.org (Check if address is changed) Optional Second E-Mail Address htetreault@local98.org COMMITTEE'S WEB PAGE ADDRESS (URL) iuoelocal98.org (Check if address is changed) DATE 2019 C00142083 FEC IDENTIFICATION NUMBER 3. 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. FAY, WILLIAM, D,, Type or Print Name of Treasurer FAY, WILLIAM, D,, [Electronically Filed] 03 12 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|-----------------------|--|--|
| | | OMMITTEE | i uyo 🚣 |
| Can | didate | Committee: | |
| (a) | Ш | 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. (Con information below.) | nplete the candidate |
| Name Cand | e of didate | | |
| | didate / Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of didate | | |
| Parl | ty Con | nmittee: | (5) |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected 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 s committee. (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.) | |
| Join | t Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

Title or Position Treasurer

| | _ | | _ |
|----|--|---|--------------------------------------|
| ı | FEC Form 1 (Revised (| 12/2009) | Page 3 |
| V | Write or Type Committee Name | | Tage 3 |
| | • | eers Local 98 POL Action Committe | ee - Social Action Fund |
| 6. | <u> </u> | Organization, Affiliated Committee, Joint Fundraising Represei | |
| | • | | |
| Ĺ | NGINEERS POLITICAL EDU | ICATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF | FOPERATING ENGINEERS |
| L | | | |
| | Mailing Address | 1125 17TH ST, NW | |
| | | | |
| | | WASHINGTON | OC 20036 |
| | | CITY S1 | TATE ZIP CODE |
| | Relationship: X Connected | d Organization Affiliated Committee Joint Fundraising Rep | presentative Leadership PAC Sponsor |
| | и | | |
| | books and records: Identification books and records. FAY, WILL Full Name Mailing Address | LIAM, D, , 461 OLD POST ROAD | |
| | | WORTHINGTON | MA 01098 |
| | Title or Position | CITY STA | ATE ZIP CODE |
| | Treasurer | | 413 - 525 - 4291 |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the conssistant treasurer). | nmittee; and the name and address of |
| | Full Name FAY, WILL of Treasurer | IAM, D, , | |
| | Mailing Address | 461 OLD POST ROAD | |
| | | | |
| | | WORTHINGTON | MA [01098 - - |
| | | CITY | ATE ZID CODE |

525

4291

413

Telephone number

| FEC Forn | n 1 (Revised 02/2009) | Page 4 |
|---|--|---------------|
| | | |
| Full Name of Designated | FAY, WILLIAM, D, , | |
| Agent | | |
| Mailing Address | 461 OLD POST ROAD | |
| | | |
| | WORTHINGTON MA 01098 | |
| | CITY STATE ZIP | CODE |
| Title or Position | | - 4291 |
| | | |
| | Depositories: List all banks or other depositories in which the committee deposits funds, holds ac exes or maintains funds. Depository, etc. | counts, rents |
| safety deposit bo Name of Bank, I | oxes or maintains funds. | counts, rents |
| safety deposit bo | Depository, etc. BERKSHIRE BANK | counts, rents |
| safety deposit bo Name of Bank, [| Depository, etc. BERKSHIRE BANK | |
| safety deposit bo Name of Bank, [| Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD MA O1202 | CODE |
| safety deposit bo Name of Bank, [| Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD MA 01202 CITY STATE ZIP | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD CITY STATE ZIP Depository, etc. | |
| Safety deposit bo Name of Bank, I Mailing Address | Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD MA 01202 CITY STATE ZIP | |
| safety deposit bo Name of Bank, [Mailing Address | Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD CITY STATE ZIP Depository, etc. | |
| Name of Bank, I | Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD CITY STATE ZIP Depository, etc. | |
| Name of Bank, I | Depository, etc. BERKSHIRE BANK P.O. BOX 1308 PITTSFIELD CITY STATE ZIP Depository, etc. | |