FEC

Only

FE3AN042.PD

STATEMENT OF ORGANIZATION

FEC MAIL CENTER
2007 JUL 24 PM 12: 35

ORGANIZATION FORM 1 Office Use Only Example:If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S WEB PAGE ADDRESS (URL) 06 25 2007 DATE c00436188 FEC IDENTIFICATION NUMBER ▶ AMENDED (A) IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer 07 17 20 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete informati on 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 (Revised 02/2003)

Local 202-694-1100

FEC Form 1 (Revised 02/2003)

information below.)

TYPE OF COMMITTEE (Check One)

(a)

(b)

State

District

Republican, etc.) Party. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party STATE A ZIP CODE Relationship Type of Connected Organization: Corporation w/o Capital Stock Labor Organization Corporation Membership Organization Trade Association Cooperative FESANC42.PDF

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 candidate

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j.	TYPE OF CO	OMMITTEE (Chec	ck One)			
	(a)	This committee i	s a principal camp	aign committee. (Complete the cand	didate information below	: :)
	(b) (1)	This committee i		ommittee, and is NOT a principal ca	ampaign committee. (Co	mplete the candidate
	Name of Candidate	. L	<u> </u>		 	1 1 1 1 1 1 1 1
	Candidate Party Affiliation	on	Office Sought:	House Senat	e President	State District
	(c)	This committee	supports/opposes o	only one candidate, and is NOT an	authorized committee.	
	Name of Candidate					-
	(d)	This committee i	sa :	(National, State or subordinate) committee of	the	(Democratic, Republican, etc.) Party.
	(e)	This committee i	ls a separate segre	egated fund.		
	(f)	This committee s	supports/opposes r	nore than one Federal candidate, a	nd is NOT a separate se	egregated fund or party
3.	Name of Any	Connected Org	anization or Affilia	ated Committee		
A	FL-CI	TO COPI	= Polit	LICAL CONTri	bution Co	mmittee
L						
	Mailing Address 815: 1:6th Street: N.W.					
		L	<u></u>	<u> </u>		
		Ľ	Washir	gton	DC 20	0.06
			`	CITY A	STATE A	ZIP CODE A
	Relationship	Affi	Washir Ii ated		<u>. ! . !</u>	!iil
	Type of Conn	ected Organization	n:			
	Corpo	oration		Corporation w/o Capital Stock	Labor Organ	ization
	Mem	bership Organizati	on	Trade Association	Cooperative	
			 			

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5.	TYPE OF CO	OMMITTEE (Check One)			:		
	(a) :	This committee is a principal camp	aign committee. (Complete the candida	ate information below.)			
	(b)	This committee is an authorized coinformation below.)	ommittee, and is NOT a principal camp	aign committee. (Complete	the candidate		
	Name of Candidate		· 	·	.		
	Candidate Party Affiliatio	Office n Sought:	House Senate	President	State State		
	(c)	This committee supports/opposes	only one candidate, and is NOT an aut	horized committee.			
	Name of Candidate				<u>L. J. J. J. J. L.</u>		
	(d)	This committee is a	(National, State or subordinate) committee of the	·	ocratic, blican, etc.) Party.		
	(e)	This committee is a separate segre	egated fund.				
	(f)	This committee supports/opposes committee.	more than one Federal candidate, and	is NOT a separate segrega	ted fund or party		
5.	Name of Any	Connected Organization or Affilia	ated Committee		<u> </u>		
Ĭ	Trasportation Trades Department AFL-CLO						
Political Action Committee							
Mailing Address 888 16th Street NW					<u> </u>		
		Suite	650;	<u> </u>			
		Wash.inc	ton .	DC 2000	6		
		•	CITY A	STATE ▲ ZIP	CODE A		
	Relationship	Affiliated	المتناج المتناء المتناء المتناء	, 	_i ! _ i _ L		
	Type of Conne	ected Organization:					
	Corpo	pration ·	Corporation w/o Capital Stock	Labor Organization			
	Memb	pership Organization	Trade Association	Cooperative	:		
	······		. — . —				

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5. TYPE OF C	COMMITTEE (Check One)	
(a)	This committee is a pr	incipal campaign committee. (Complete the ca	andidate information below.)
(b)	This committee is an a information below.)	authorized committee, and is NOT a principal	campaign committee. (Complete the candidate
Name of Candidate	Lilli	<u></u>	
Candidate Party Affiliati	ion	Office Sought: House Ser	State President District
(c)	This committee suppo	rts/opposes only one candidate, and is NOT a	an authorized committee.
Name of Candidate			·
(d)	This committee is a	(National, State or subordinate) committee of	(Democratic, of the Republican, etc.) Party
(e)	This committee is a se	eparate segregated fund.	
(f)	This committee suppo committee.	rts/opposes more than one Federal candidate,	, and is NOT a separate segregated fund or party
6. Name of An	y Connected Organizat	ion or Affiliated Committee	•
Politi	ical Edu	cation Fund of	the Building and
	nuction	I	nt AFL-CIO
Mailing Addr	ress 81	5 16th Street	NW
	Su	ite. 600	
	Wa	shington	DC 20006-
		CITY A	STATE ▲ ZIP CODE ▲
Relationship	Affili	ated	<u> </u>
Type of Con	nected Organization:		
Corp	poration	Corporation w/o Capital Stock	Labor Organization
Men	nbership Organization	Trade Association	Cooperative
			

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P	rite or Type Committee Name	Retired Americans	Political Act	ion Fund
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of the	person in possession of committee
	Full Name Suza	anne H. Elnah		<u> </u>
	Malling Address	1815, 16th Str		
		4th Floor-N	orth	
		Washington	PG	20006-4101
	Title or Position▼	CITY A	STATE ▲	ZIP CODE ▲
	Custodian	of Records	Telephone number	102-637-5383
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number - optional) of assistant treasurer).	the treasurer of the committee	e; and the name and address of
	Full Name of Treasurer	ard F. Coyle	 	
	Mailing Address	18.15 16.7h Stre	et NW	
		4th Floor-No	nth	
		Washi NgtoN	1DC	20006-4101
	. Title or Position ▼	CITY A	STATE A	ZIP CODE ▲
	Treasurer		Telephone number	02-637-5394
	Full Name of Designated Agent	hard J. Fiest	a.,,,,,,,,	
	Mailing Address	815 16th Str	eet NW	
		4th FLOOR-NO	rth	<u> </u>
		Washington	$\mathcal{D}\mathcal{C}$	20006 4101
	Title or Position▼	CITY A	STATE A	ZiP CODE ▲
	Assistant	Treasurer	Telephone number	02-637-5271

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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, Deposito	Name of Bank, Depository, etc.			
An	nalgamated Bank 1825 K Street Nu	<u>; </u>		
Mailing Address	1.825 K JETELET NV	<u> </u>	<u> </u>	
	Washington	1 DC 1	20006-	
	CITY A	STATE A	ZIP, CODE ▲	
Name of Bank, Deposite	ory, etc.			
1	MA			
Mailing Address			<u> </u>	
		·		
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	CITY A	STATE A	ZIP CODE ▲	

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	ss Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	leceipt or Postmarked			
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(3/2005)	DATE PREPARED			