FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instr	uctions)	Office use only			
1. NAME OF COMMITTEE (in	(Check if nam is changed)	e Example: If typying, type over the lines	12FE4M5			
BREWERY SO	FT DRINK BEER DISTR OPT	CAL DENTAL MISC WORKERS	S WAREHOUSEMAN			
ADDRESS (number and s	street) 12298 TOWNSE!	ID ROAD				
(Check if addre	ess					
is changed)	PHILADELPHIA		PA 19154 - 1111			
COMMITTEE'S E-MAI	I ADDRESS	CITY▲	STATE▲ ZIP CODE ▲			
dgrace@team						
		11111111111				
COMMITTEE'S WEB	PAGE ADDRESS (URL)		·			
www.team830	.org	1111111111				
COMMITTEE'S FAX N 2156761324	COMMITTEE'S FAX NUMBER 2156761324					
2. DATE 0.1	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
3. FEC IDENTIFICA	TION NUMBER	C C00174847				
4. IS THIS STATEMENT X 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						
Type or Print Name of Treasurer Daniel H. Grace						
Signature of Treasurer	Electronically Filed by <b>Danie</b>	l H. Grace	Date 01 PD D PD P			
NOTE: Submission of fal	·	n may subject the person signing this Sta	utement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS			
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530				

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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 call information below.)	ndidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, ublican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party
<u></u>	Name of Any Connected Organization or Affiliated Committee	
L	Teamsters Local Union #830	
L		
	Mailing Address 12298 Townsend Road	
	Philadelphia, PA PA 191	54
	CITY▲ STATE▲ Z	IP CODE A
	Relationship Connected	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock X Labor Organization	n
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

	DRINK BEER DIST	R OPTICAL DENTA	L MISC WORKERS	WAREHOUSEMAN	<b>HELP LOCAL</b>
830 PA					

7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number books and records.	optional), and position of t	he person in			
	Full Name Daniel	Full Name					
	Mailing Address	12298 Townsend Road					
		Philadelphia	PA	19154			
	Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A			
	Secretary-	Treasurer	Telephone number	_			
8.	Treasurer: List the name name and address of any	and address (phone number optional) designated agent (e.g., assistant treasu	of the treasurer of the commrer).	ittee; and the			
	Full Name of Treasurer  Daniel	H. Grace					
	Mailing Address	12298 Townsend Road	Townsend Road				
		Philadelphia Philadelphia	PA	19154			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
	Secretary-	Treasurer	Telephone number 215	671 9850			
	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A			
			Telephone number				

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9.	Banks or Other Depositories safety deposit boxes or maint. Name of Bank, Depository, et	ains funds.	nts, rents
		merce Bank	
	Mailing Address		
		Philadelphia PA 191	54   _   _

STATE ∠

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

CITY 🗷

Membership Organization

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Banks or Other Depositors safety deposit boxes or management of Bank, Depository	aintains funds.	sits funds, holds accounts, rents  [ ADDITIONAL ]
The	e Vanguard Group	
Mailing Address	P.O. Box 1110	
	Valley Forge	PA 19482   _
	CITY △ STA	ATE △ ZIP CODE △
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL ]
		[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		[
Mailing Address	CITYA ST	TATE A ZIP CODE A
	CITYA ST	
Relationship		

Trade Association

Cooperative

Designated Agent		[ ADDITIO		
Full Name  Mailing Address				
Title or Position ♥	CITY A	STATE▲		
	Te	lephone number =		