Only

(Revised 06/2012)

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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) over the lines. is changed) International Brotherhood of Electrical Workers Local Union 313 PAC 814 West Basin Road ADDRESS (number and street) (Check if address is changed) **New Castle** 19720 DE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bmurrian@ibew313.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2017 C00143396 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. Murrian, James, R,, Type or Print Name of Treasurer Murrian, James, R,, [Electronically Filed] 07 28 2017 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

Local 202-694-1100

	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. (Complete the candidate information below.)						
Name Cand	e of didate							
	didate / Affiliati	Office Sought: House Senate President	State					
(c)	(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 segregated fund or part committee. (i.e., nonconnected committee)						
		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	Committees 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	9							
International Bro	otherhood o	f Electr	ical V	Vorkers	s Local	Union	313	PAC
6. Name of Any Connected C	Organization, Affiliated	Committee,	Joint Fund	draising Repr	esentative, o	r Leadership	PAC Spo	nsor
International Brotherho	ood of Electrical	Workers I	ocal U	nion 313				
Mailing Address	814 West Berlin Road							
	Naw Castle					19720		
	New Castle					19720	-	
		CITY			STATE	ZIF	CODE	

	CITY	STATE	ZIP CODE			
Relationship: X Connected	Organization Affiliated Committe	e Joint Fundraising Representative	e Leadership PAC Sponsor			
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
Full Name						
Mailing Address						
Title or Position	CITY	STATE	ZIP CODE			
		Telephone number				
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name Murrian, Jan	nes, R, ,					
Mailing Address	814 West Basin Road					
Į						
l	New Castle CITY	DE STATE	19720 ZIP CODE			
Title or Position Treasurer		Telephone number 302	328 - 0773			

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Full Name of Designated Agent Scott, Dai	rren, , ,						
Mailing Address	814 West Basin Road						
	New Castle	DE 19	9720				
Title or Position	CITY	STATE	ZIP CODE				
Chairman of the PAC	Teleph	one number 302	_ 328 0773				
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, Depository, etc. M&T Bank							
Mailing Address	1007 North Market Street						
	Suite 12						
	Wilmington	DE 19	9801				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository,	etc.						
Mailing Address							
		STATE					