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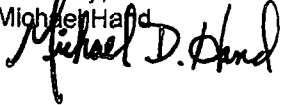
Nicholas Tarone
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Identification Number: C00361923
Re: Amended Statement of Organization, Received 04/14/2020
Response Due Date: September 10, 2020

This submission responds to the Commission's letter on August 6, 2020 regarding the committee's Amended Statement of Organization. The committee name has been changed to reflect the official name of the connected organization.

Sincerely,

Michael Hand



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FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

UNITED BROTHERHOOD OF CARPENTERS, LOCAL UNION 1024 PAC

ADDRESS (number and street) 1803 Spring Garden St

(Check if address is changed)

Philadelphia PA 19130
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) mhand@eascarpenters.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 09 / 03 / 2020

3. FEC IDENTIFICATION NUMBER C 00361923

4. 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.

Type or Print Name of Treasurer Michael Hand

Signature of Treasurer

Date 09 / 03 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 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 _____

Party Committee:

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	<input checked="" type="checkbox"/>	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 party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

United Brotherhood of Carpenters Local Union 1024

Mailing Address 1803 Spring Garden St

Philadelphia PA 19130

CITY STATE ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Michael Hand

Mailing Address 1803 Spring Garden St

Philadelphia PA 19130

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

8. 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 of Treasurer Michael Hand

Mailing Address 1803 Spring Garden St

Philadelphia PA 19130

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number

Full Name of Designated Agent

Mailing Address

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Title or Position Telephone number

9. 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.

Chesjie Federal Credit Union

Mailing Address PO BOX 689

[Address line]

Cumberland MD 21501-0689

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc. [Empty line]

Mailing Address [Empty line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	C
2.	<input type="text"/>	FEC ID number	C
3.	<input type="text"/>	FEC ID number	C
4.	<input type="text"/>	FEC ID number	C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

-

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number - optional)**

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

9. **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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). Joint Fundraising Participant:

1.	[_____]	FEC ID number	C
2.	[_____]	FEC ID number	C
3.	[_____]	FEC ID number	C
4.	[_____]	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SOUTHWEST REGIONAL COUNCIL OF CARPENTERS LEGISLATIVE IMPROVEMENT
 CMTE UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA

Mailing Address [555 Capitol Mall]
 [Suite 400]
 [Sacramento] [CA] [95814]-[]
 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name [_____]
 Mailing Address [_____
 [_____
 [_____] [] []-[]
 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number []-[]-[]

9. 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. [_____
 Mailing Address [_____
 [_____
 [_____] [] []-[]
 CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). Joint Fundraising Participant:

- 1. FEC ID number
- 2. FEC ID number
- 3. FEC ID number
- 4. FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

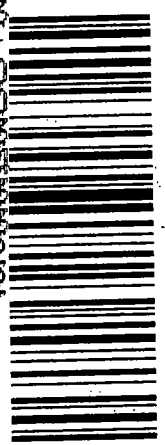
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

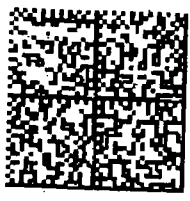
Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

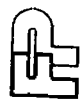
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mmonton, NJ 08037



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Nicholas Tarone, Sr Cam Fin Analyst
Reports Analyst Div
Federal Election Commission
Washington, DC 20463

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
R52	9/21/20
PREPARER	DATE PREPARED

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