STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Laborers Political League

(b) Number and Street Address ☐ (Check if address is changed)
905 16th St., N.W.,

(c) City, State and ZIP Code
Washington, DC 20006

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
1999 NOV 18 P 2:55

2. DATE
11/17/99

3. FEC IDENTIFICATION NUMBER
C00007922

4. IS THIS STATEMENT AN AMENDMENT?
☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (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	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

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

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Laborers' International Union of N.A.	905 16th St., N.W. Wash., DC 20006	Affiliated

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position
Sharon Elkins	905 16th St., N.W., Wash., DC 20006	Office Secretary

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	Mailing Address	Title or Position
Carl E. Booker	905 16th St., N.W., Wash., DC 20006	Officer--Treasurer

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 and ZIP Code
First Union Bank	16th and K St., N.W., Wash., DC 20006

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: CARL E. BOOKER

SIGNATURE OF TREASURER: Carl E. Booker

DATE: 11/17/99

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.

For further information contact
Federal Election Commission

FEC FORM 1