

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

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

12FE4M5

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B VOLUNTARY POLI-
TICAL COMMITTEE

ADDRESS (number and street)

141-57 NORTHERN BOULEVARD

☐(Check if address
is changed)

FLUSHING

NY

11354

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LynD@iuoelocal14.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7189393131

2. DATE

M M
0 8/ D D
2 4/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00134726

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

Edwin L. Christian

Signature of Treasurer

Electronically Filed by

Edwin L. Christian

Date

M M
0 8/ D D
2 4/ Y Y Y Y
2 0 0 6

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B

Mailing Address

141-57 NORTHERN BOULEVARD

FLUSHING

CITY ▲

NY

STATE ▲

11354

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B VOLUNTARY POLITICAL COMMITTEE

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 **Edwin L. Christian**

Mailing Address **141-57 Northern Blvd**

Flushing **NY** **11354** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

PRES & BUSINESS MGR Telephone number **718** - **939** - **0600**

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 **Edwin L. Christian**

Mailing Address **141-57 Northern Blvd**

Flushing **NY** **11354** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **718** - **939** - **0600**

Full Name of Designated Agent **Lynn Ditzel**

Mailing Address **141-57 Northern Boulevard**

Flushing **NY** **11354** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

OFFICE MANAGER Telephone number **718** - **939** - **0600**

Name of Bank, Depository, etc.

HSBC

Mailing Address

1 OLD COUNTRY ROAD

CARLE PLACE

NY

11514

CITY STATE ZIP CODE